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ABSTRACT

Seventeen presentations are compiled from the Annual Fall Conference of Teacher Educators for Children with Behavioral Disorders (1974). Papers address the following topics: developments in the education of the handicapped (such as early childhood education), reflections on training in emotional disturbance, legal aspects of the educational rights of children, learning resource centers, multi-media use in teacher training, and basic concerns regarding divorced mothers and their children. Research reports deal with topics such as: children with behavioral problems in a regular classroom setting, modularized and traditional teaching methods used in preservice teacher training, and evaluation of a non-categorical competency-based special education methods course, and behavioral characteristics of children with specific learning disabilities. Other research papers concern: the effects of delaying consequences on the learning of emotionally disturbed children, the effects of teachers' styles on child behavior, teacher-pupil behavior in classes for the emotionally disturbed, the effect of ecological strategies on the ability of adolescents to maintain their behavior after being discharged from a state hospital, and the development of social interactions in a preschool for handicapped children. Two final papers described alternatives to intitutionalization in Texas and Indiana. (LS)

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U.S. DEPARTMENT OF HEALTH
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# TEACHER EDUCATORS FOR CHILDREN WITH BEHAVIORAL DISORDERS

# Proceedings of the Annual Fall Conference

GAINESVILLE, FLORIDA
NOVEMBER 7-8, 1974

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# TEACHER EDUCATORS FOR CHILDREN WITH BEHAVIORAL DISORDERS:

# PROCEEDINGS OF THE ANNUAL FALL CONFERENCE

Edited By

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Table of Contents


| | Page |
|---|---|
| Foreword<br>Lyndal M. Bullock | iv |
| Developments in the Education of the Handicapped<br>Herman Louis Saettler | 1 |
| Some Reflections on Training in Emotional Disturbance<br>Edward W. Schultz | 8 |
| Educational Rights of Children: Legal Aspects<br>Tom Dixon | 11 |
| Learning Resource Centers<br>Paul Andereck | 18 |
| Children with Behavioral Problems in Regular Classroom Setting<br>Thomas J. Kelly, Lyndal M. Bullock, M. Kay Dykes | 21 |
| Modularized and Traditional Teaching Methods Used In Preservice Teacher Training<br>Gary M. Blackburn | 24 |
| An Evaluation of a Non-Categorical Competency-Based Special Education Methods Course<br>C. Michael Nelson | 28 |
| Multi-Media Utilization in Teacher Training in Special Education<br>M. Kay Dykes | 36 |
| Divorced Mothers and Their Children: Basic Concerns<br>Patricia Prewitt | 38 |
| Specific Learning Disability?<br>Loyd S. Wright, John Elkins, Mary Meredith | 40 |
| The Effects of Delaying Consequences on the Learning of Emotionally Disturbed Children<br>M. Winston Egan | 44 |
| The Effects of Teachers' Styles on Child Behavior<br>H. Lyndall Rich | 46 |
| Teacher-Pupil Behavior In Classes For The Emotionally Disturbed: An Observational Analysis and Intervention<br>Ronnie Neil Alexander | 50 |

Page

The Effect of Ecological Strategies on the Ability of Adolescents to Maintain Their Behavior After Being Discharged from a State Hospital 63
Robert Harth, Steve Lloyd

Research on Development of Social Interactions in a Preschool for Handicapped Children . . . . . 69
Richard E. Shores

Community Based Treatment for Emotionally Disturbed and Delinquent Youth in Texas: An Alternative to Institutionalization . . . . . 81
Jeffrey A. Mintz, Kent C. Skipper

Alternate Care in Indiana . . . . . 86
Michael Tracy

## Foreword

The Annual Fall Conference of Teacher Educators for Children With Behavioral Disorders was held in Gainesville, Florida on November 7-8, 1974. The program of the conference was designed in keeping with the purported purposes of the organization, that being, to provide an opportunity for the membership to be informed about (a) the most recent developments on the national scene, (b) what is happening in the courts that have implications for the handicapped, and (c) the ongoing research of their colleagues.

Each program participant was requested to submit, by the time of the conference, a paper which would reflect the presentation to be made. These proceedings represent all the presentations with the exception of one which could not be obtained.

A special thanks is extended to each of the program participants for their willingness to share with the membership which resulted in an excellent conference.

Others who contributed to the success of the conference include Dr. William Reid, Chairman, Department of Special Education, who willingly shared the financial and manpower resources of the department; Kenneth Morris and his staff who managed the non-program aspects of the conference; Stephen McCarney, who managed the on-ground transportation; the graduate students in the Department of Special Education--Vicki Scriven, Eleanor Guetzloe, Margaret Miller, James Altman, and Greg Pearsaul, who each fulfilled a specific assignment; George Braun, for assisting with the media presentations and media equipment; and Leila Cantara for retyping the manuscript.

Lyndal M. Bullock

# Developments in the Education of the Handicapped*

by

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Some of the recent developments I am going to discuss today have come as a direct result of some of the goals of the Bureau of Education for the Handicapped. Therefore, I would like to review these goals for you.

The Bureau of Education for the Handicapped is the principal agency within the U.S. Office of Education for developing, administering, and carrying out programs and projects relating to the education and training of the handicapped including: (1) the preparation of professional and paraprofessional personnel; (2) research into needs and processes of learning to the handicapped; and (3) the development of educational technology for this population.

The primary goal of the Bureau of Education for the Handicapped is to encourage the provision of quality instruction for all handicapped children. The Bureau has outlined a statement of six goals for which its efforts are being directed. These six goals are:

1. National Commitment - to assure that every handicapped child is receiving an appropriately-designed education by 1980.
2. Increased Services - to assist States in providing the appropriate educational services to 75% of the handicapped by 1977.
3. Early Childhood Education - to secure the enrollment of 750,000 (75%) preschool aged handicapped children in Federal, State and local educational and day care programs.
4. Career Education - to assure that by the 1977, every handicapped child who leaves school has had career and vocational education training that is relevant to the job market, meaningful to his career aspirations, and realistic to his fullest potential.
5. Severely Handicapped - to provide quality educational services for even the most severely handicapped child.
6. Personnel Development - to assure that all handicapped children served in the schools (by 1980) have a trained teacher competent in the skills required to aid the child is reaching his full potential.

## (1) National Commitment

All of us must reaffirm a commitment to provide full and adequate educational services to all handicapped children and youth. This past year, the U.S. Commissioner of Education made the education of handicapped children one of the major stated objectives of his office. The Commissioner has already begun to act on this objective by calling for the development of a national goal of full educational opportunity for all handicapped children by 1980.

If that goal is to be achieved then all of the professions and lay groups, all of us, must pool our knowledges, ideas, skills, practices, and efforts so as to maximize the benefits for all handicapped children and youth.

*Some of the concepts presented here were presented at the 2nd Congress of International Rehabilitation Medicine, October, 1974, by Dr. Edwin W. Martin and Dr. Herman Saettler.

Educators of handicapped children have the responsibility to help develop and install in schools highly differentiated instructional systems to provide quality instruction in those systems, and to see that necessary plans and decisions about children are made effectively. These various instructional systems should focus on such areas as cognitive development and affective learning.

There are eight recent developments in the education for the handicapped in the United States which I shall discuss. They are:

1. Right to Education
2. Project "Closer Look"
3. Early Childhood Education
4. Teacher Competencies
5. "Mainstreaming"
6. Career and Vocational Education
7. Unions
8. Service Agency Training

## (1) Right to Education

Under the Constitution of the United States, the responsibility for providing education rests with the individual states. Historically, the states and education community have been lax in initiating a variety of educational services for children. Parents, out of frustration, worked with their legislators to pass state laws requiring education agencies to provide services for their children. Even though many states have had these laws on the books for some time, they have not been adequately enforced.

Subsequently, we now find parents and parent groups - along with some professional groups - filing suit against the state governments for failing to provide to handicapped children the education which is guaranteed by law. Parents have won these cases and the courts are now directing state and local education agencies to provide a wide range of educational services which will meet the needs of both handicapped and non-handicapped children. We are also seeing a current wave of right-to-treatment suits in the United States. Individuals who have been placed in residential institutions are becoming aware of and exercising their right to file suit against such agencies for failure to provide adequate treatment, whether for educational, medical or emotional problems.

Another development in this area concerns teachers and their responsibility for identifying children with special needs. Previously, teachers were open to suit by a parent for suggesting that a child might need special services. There are now laws in some states which make a teacher libel for suit for failing to identify children needing special services.

The zero-reject concept which pervades educational thinking today has its basis in the belief of right-to-education for all children. Under this construct, no child should be excluded from educational services; it is the duty of the servicing agency to develop programs and provide ancillary services.

Another aspect which has implications for those of us working with the handicapped is the developing legislative move in the area of "right to dignity in death." As some legislators begin to propose legislation in this area - primarily in response to concerns of the elderly and accident victims, the same right would also apply to the severely handicapped. However, in terms of some handicapped persons their legal rights may be entrusted to the natural parents or possibly a court-appointed guardian who then may have (but not necessarily would have) the right of determining the "dignity of death" question for a handicapped child, youth, or adult.

Next year the President's Committee on Mental Retardation and the National Center on Law for the Handicapped will have a major conference to debate and try to resolve some of the issues in this area.

(2) Increased Services

In order to reach the goal of properly servicing all handicapped children and youth by 1980, each state will need to make a formal commitment to educate every child in its state. State laws or long-range plans of the state governor and education agencies will have to reflect that commitment. To reach that goal, the plan should incorporate specific objectives on a year by year basis.

A major part of that plan is the assumption that an increasing number of handicapped children should be educated effectively within regular instructional programs. We will need to establish diagnostic and teaching resource centers, staffed by trained special education and related personnel who will identify the unique learning behaviors of handicapped children, work with classroom teachers to develop strategies for teaching a given child, and assist in providing tutorial and supplemental assistance, appropriate instructional materials. While this program would not replace the need for special classes for certain types of handicapped children, retarded, emotionally disturbed, specific learning disabled, or physically handicapped children, handicapped children can be much more effectively integrated into the regular school program than is true at present.

(3) Career and Vocational Education

A very important component of all of our programs must be a commitment to develop vocational or career education for all handicapped children. We estimate in the United States that over the next four years, 2 ½ million handicapped children will be school leavers either by graduation or the dropout route. Of that number, less than one in four will be fully employed or going on to college.

Another 40 percent, that is, one million handicapped young people, will be under employed. Another 25 percent of this population will probably require welfare assistance. We believe that with the appropriate career education, coupled with appropriate placement programs, virtually all these young adults can and must be more fully employed and making productive contributions to society.

(4) Early Childhood

There must be a major commitment on the part of all of us to provide preschool opportunity for every handicapped child. This can be accomplished by including handicapped children in day care and pre-school programs for non-handicapped children, with the supplemental assistance available to the staff of those programs. This special assistance may come from special education personnel, mental health clinics, community speech and hearing centers, etc. Universal pre-school education for handicapped children will result in reduced expenditures in special education, reduced need for institutionalization and increased language, cognitive, emotional, and motivational growth in handicapped children.

(5) Severely Handicapped

There must be a major commitment on the part of all of us to provide educational opportunities even for the most severely handicapped individual. The Bureau is working closely with the State and local educational agencies, and public and private facilities to extend educational opportunities to such groups as deaf/blind children, severely retarded children, and schizophrenic and autistic children.

(6) Personnel Development

There are a great many elements necessary to the realization of our Bureau goals, but none more important than personnel in sufficient numbers and with appropriate competencies to fulfill the goals.

(2) Project Closer Look

One of the greatest difficulties a parent of a handicapped child has had is locating appropriate services. In the past, our office, as well as state offices, would receive hundreds of inquiries a week from parents who were trying to locate services.

Several years ago under a small grant from the federal government, a computerized listing of all service programs in the country was made. The project became known as "Closer Look." Under a continuing advertising campaign through newspapers, radio, television, magazines, and other communication media, parents are urged to write to "Project Closer Look" in Washington, D.C. if they think their child might need some specialized services. A listing is then sent to the parent describing the services available in the particular geographic area and the procedures used to contact the appropriate agency to obtain those services.

(3) Early Childhood Education

There has been an increasing effort on the part of school systems, parental groups, local and State education agencies, and the federal government to identify handicapped or potentially handicapped children at as early age as possible to initiate preventive, developmental, and/or remedial services.

Several years ago, the U.S. Office of Education funded ten major developmental centers in the country to develop model programs in this area involving all major disciplines. Subsequently, the federal government established approximately 100 model education programs for handicapped children from birth to six years of age. These 100 programs are now working as catalytic agents to establish additional educational service programs in their geographic region with state and local funds. They are providing materials and technical assistance to these newly developed baby clinics, day care centers, nursery schools, and kindergarten programs.

(4) Teacher Competencies

As special education programs are beginning to focus more clearly on individualized instruction for children, we are seeing more emphasis placed on the skills and competencies of teachers in the classroom in:

(a) identification of learning and/or behavioral problems
(b) diagnosing clearly the learning and/or behavior problems
(c) prescribing educational interventions (remedial and/or developmental problems
(d) implementing specific recommendations, and
(e) evaluating the effectiveness of the processes used.

Before teachers receive certification to teach handicapped children in a number of our states, they must demonstrate over time and in a variety of situations competencies in identification, diagnosis, prescription, implementation, and evaluation of educational programs for handicapped children. This is viewed as a 'giant step' forward in providing quality programs to all children.

(5) Mainstreaming

Over the past few years, there has been an increased effort in the United States to integrate handicapped children into regular classroom programs. This process is sometimes referred to as "mainstreaming"; that is, providing services which prevent the handicapped child's removal from the regular education program or moving the child back into the "mainstream" of education.

(6) Career and Vocational Education

As mentioned earlier, the provision of career and vocational education services to all handicapped young adults is a major goal of the Bureau. It is a goal which the education and rehabilitation communities have not as yet come close to achieving.

Greater attention over the next several years, with intensive concentration of resources, will be needed in the area of career and vocational education for the handicapped. This means that the alliance of vocational education, special education, and vocational rehabilitation must be strengthened.

## (7) Unions

Many of you are aware of the growing collective bargaining agreements that have developed over the past several years, particularly at institutions of higher education.

This development will probably continue over the next several years primarily in the more populous states. The development of collective bargaining agreements at a local education level is having a direct impact now on the teacher training programs in the State of New York.

Recently, as a result of 1972 Regents' Plan for the Development of Post Secondary Education, a major goal is to establish a system of certification based on demonstrated competence. At a state-wide conference held this spring the special education teacher preparation programs in institutions of higher education met to design competency-based teacher education programs to meet the new state requirements. One unique aspect of the plan to be submitted is that it is to have active input from

1. the chief executive officer of the higher institution - delegated for the most part to the chairperson of the department,
2. the school district administrator of the participating school district - delegated for the most part to the local director of special education,
3. the professional staff representative of the participating school district - interpreted to mean union, and
4. representatives of other relevant agencies.

The plan submitted forward for approval is to have the signatures of the above indicating cooperative effort in the development of the program.

The format of the conference and the process of program development allowed for, in many cases, new and significant input concerning the design of teacher preparation programs. Questions could be raised concerning the process of academic freedom but the equal question raised by the process was a new level of accountability and cooperative effort among the various groups involved.

## (8) Service Agency Training

More and more, we are finding that service agencies are developing not only extensive in-service training programs but are actively moving into the development of pre-service training. In many areas of training, as well as in geographic areas where great pre-service training needs still exist, these service programs are developing pre-service training programs when institutions of higher education have failed to meet those training needs. As the Division of Personnel Preparation undertakes the initiative of convening cooperative planning meetings within states, it is hoped that one result will be a stronger ability to meet the training needs in all areas of the state.

## Regular Education

One of the places where many of us concerned with education have been incorrect has been in our conceptualization of the normal child as sharply dichotomized from the handicapped child. The conceptual map we have been using is that approximately 10% of the school-age population can be defined as handicapped and require special educational assistance. Conversely, the remaining 90% of the children are regarded as a relatively homogenous group of normal learners. We have assumed the children in these two groups to be very different in nature, to be quite distinctive in the learning challenges they present.

As a result, educators have only reluctantly accepted the responsibility for teaching handicapped children. Appropriate educational programs are not available for

one-half of such handicapped children in the United States. Our assumptions about children have resulted in handicapped children being seen as alien to the concerns of the schools.

Special education programming has seldom been initiated by educators; instead, it is parents of handicapped children who have confronted legislative bodies to ask that they create incentives for programming, or, increasingly, that they mandate special education. Recently, there has been a wave of court actions, sometimes referred to generically as right to education or right to treatment suits.

If we look at the development of special education or speech pathology in colleges of education, we see a similar phenomenon where departments have gradually evolved primarily because of external Federal stimulation, that is, as a result of legislative initiatives and priority setting. Further, our pattern of assumption about handicapped children and their learning has resulted in a minimal impact of special education programming, methodology and curricula on the preparation of teachers of "normal" children for elementary and secondary schools. In some teacher training programs, no exposure to education of handicapped children is required; in many others, a 3-hour course is seen as sufficient.

This pattern has had important consequences for both normal and handicapped children. Programming for handicapped children generally has been developed under the administrative leadership of persons whose training has not included any familiarity with such children and who have felt they were not a central part of the school's mission. All too frequently, we find that regular classroom teachers will report that they feel inadequate to deal with the learning and behavioral problems children may exhibit, with children from various ethnic and minority group backgrounds, or with gifted and talented children. Their training has led them to expect to deal only with "normal" children, and they are astonished to find that so many "normal" children in their care present unique learning and behavioral manifestations.

We are short-changing these teachers. Our present thinking about education for handicapped and non-handicapped children may be based on two false assumptions: first, that handicapped children are a small discrete population, not central to the schools' concerns; and, second, that the learning problems they present are unique and not relevant for regular education.

Recently, Balow and Rubin reported on a sample of the school population in the Minneapolis-St. Paul area. They identified the percentage of children in the school population who had been identified in some fashion by their teachers as requiring a unique response from the school. They found 30 to 40% of all children in the school systems having some problems at some time. These children are not "handicapped," but they do exist as a challenge to the schools and suggest that we must develop a concept in which the learning needs of all children are seen as falling on a continuum of severity and requiring special intervention at certain times and for special purposes.

In addition, the report of the Joint Commission on Mental Health of Children in the United States suggests 15-50% of children will need specialized responses to their emotional or behavior needs at some point during their school years.

This leads to my basic premise. We must re-conceptualize basic teacher training so that all teachers will be prepared to deal with a range of unique and individual differences in children. A wise teacher, Ollie Backus, used to say, "When people conceived the world to be flat they feared sailing off the edge, but when they conceived of it as round, exploration and discovery became possible." In educating teachers we need some new concepts or maps. The old "normal" map is erroneous: the world of children is not flat. Major emphasis must be given to preparation for meeting individual needs.

Revising the regular teacher education curriculum will not be achieved by adding three hours of special education to the current program. Instead, old assumptions must be challenged, and new objectives determined. Design of reconceptualized programs will require the efforts of many persons but I think there are several basic directions for such development.

First, teacher education curriculum must be based on a belief that children, handicapped and "normal," are more alike than different in their basic human nature.

Teachers, then, begin with a concern for human beings with a variety of learning and behavior styles which fall along a continuum of uniqueness. The notion that handicapped children are very different persons in very different and separate categories is rejected.

Second, we must recognize that helping teachers deal with the uniquenesses of children is basically an attitudinal problem. It is a problem which touches the belief systems and the self concepts of the teachers. Traditionally, in education we have virtually ignored the barriers to effective teaching caused by our basic fear of differences and change. At most, we have referred to it in an academic context, but we have not developed rich, experiential educational approaches to cope with these feelings and beliefs. As a result, we frequently see differences denied for they are troublesome; or, if they are too great to be deined, the children themselves may be rejected or excluded.

Third, we must emphasize the common denominators, the processes of learning and teaching. This will lead us to emphasize the study of the processes of normal development, of language acquisition, of observation and perception, of changing or modifying behavior, and of developing values, beliefs and attitudes. Another way of talking about this concern is to say we must give teachers a theoretical foundation with knowledge of underlying processes of learning and behavior as their basic tools. They can apply these hypotheses and tools to the myriad of unique situations that they will face.

Fourth, we must increase our emphasis on experiential, participatory learning.

Thus, the work we do this week can serve as an incentive to the interdisciplinary evolution of training. I would say that such training does seem to be logically, if not empirically, related to the objectives for truly caring about the handicapped. I think the real barriers to interdisciplinary efforts are not administrative or logistical as is so frequently assumed, but again, are conceptual. Education, medicine, speech pathology, psychology, each deals with a realm of data using many relatively unique constructs.

To have truly successful interdisciplinary training, I believe we will have to attack the problems caused by the way we have organized knowledge. This will involve developing common objectives and joint adoption of common constructs and assumptions. There must also be heavy experiential involvement between disciplines. Simply reading one anothers words or listening to lectures will not suffice -- a reconceptualization is necessary.

The results of reconstructing the teacher education process will be a more adequate education for handicapped children and non-handicapped children. The goal of integrating handicapped children more successfully into "regular" educational settings and programs will be possible only when every teacher has expanded skills in dealing with a fuller range of behaviors, and when teachers' conceptions of themsleves and of their skills allow them to approach this wider range of children's behavior with confidence.

Special education as a discipline will not be eliminated by such reform, although roles will change in many instances. The role of special educators in evolving new teaching strategies, in creating new learning relationships, and in utilizing these tools on an intensive basis where children need such intensity, will continue.

# Some Reflections on Training in Emotional Disturbance

by

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It is a great pleasure for me to be with you today. It is an especially meaningful experience because this particular group of professionals is one with whom I have had a long standing personal and professional relationship.

I first began attending these annual meetings as a doctoral student. Then, those in attendance would have just barely filled a small seminar room. Over the years, I have tried to attend meetings of this group whenever possible because I have continued to value it as a meaningful activity. I must confess, however, that the membership of the Teacher Educators for Children with Behavior Disorders has grown to the extent that I no longer know each of you personally as I once did. The fact that this change has occurred is both a sad and exciting fact of life for me. I am sad because as I look around me I note that many of the professionals that were responsible for the original conception and early development of this organization are not present at this time. I personally miss their presence. On the other hand, I am excited because I now have the opportunity to see some old friends, meet new colleagues, as well as, have the opportunity to plan with you in coping with the harsh realities we are currently confronted with as a professional group of trainers and related personnel.

For many years, I sat among you at these meetings, listening to, and participating in, the dialogue between the membership and Bureau of Education for the Handicapped representatives. Let me simply say that as one of your advocates in Washington, I will do my best to accurately reflect your concerns as constructively as possible. I can not do this alone, however, and thus call upon each of you to share with me over time your ideas on how training of personnel in this area should proceed. I see us as partners in the venture of consolidating our current ideas and procedures in training, as well as setting new goals and directions for preparation of personnel for work with troubled children.

The Teacher Educators for Children with Behavior Disorders organization has had a long and meritorius history of innovation, and trend setting. Advocacy, especially for the social and emotional well being of children, has always been a prime concern of this group. It would be nice if we could rest awhile from all of the long and arduous battles we have fought on behalf of children. Unfortunately, now more than ever, special education in general, and the subsection related to behavior disorders, in particular, are in need of the leadership of this organization. Our past experiences have prepared us more than adequately for this challenge. We must now accept the burden of this responsibility and begin the long sojourn toward constructive change and integration.

Now, I would like to briefly share with you some thoughts I have about the Bureau of Education for the Handicapped priorities, as well as general comments on training, research and evaluation. These come from my own perspective as a trainer and are intended only to communicate first hand with you in order to begin our future dialogue on training of professional personnel.

It is significant that the area of preparing teachers for work with troubled children continues to be a high priority area for the Bureau of Education for the Handicapped. It is significant in at least two ways. It demonstrates the fact that apparently more children are being recognized as needing appropriate educational services. It also

points out that there remains a need to prepare skilled and sensitive teachers for work in this area. The additional priority areas of preschool handicapped and career/vocational educational training currently broaden the spectrum of preparation possibilities for us as trainers in emotional disturbance from birth through high school. Hopefully, in the future, this range will become extended throughout the human lifespan. This combined with the need for paraprofessionals, supervisors, and administrators provides a broad latitude for us to consider as we contemplate new directions for our programs.

I would like to suggest, that our future plans reflect closely coordinated efforts with state departments of education, and the various consumer groups for whom we are preparing personnel. I say this for we are at a time in our development where such efforts become necessary for fiscal reasons as well as matching training program priorities with field related needs.

Let me now turn to some personal issues and concerns that I feel need to be considered by us in the present and near future.

In research and evaluation, I have felt the need to see more cooperative projects involving local school districts or state departments of education with colleges and universities. In particular, the following research areas seem to need coordination: a) screening, identification and diagnosis; b) efficacy of services rendered; c) success of specific programmatic interventions; and d) follow-up on the success of interventions subsequent to receipt of service. In addition, it appears to me that what we lack most in our research efforts are: a) a longitudinal perspective; and b) a continued focus on selected program areas. Focused and/or longitudinal research on field problems as well as training issues should assist us in developing a frame of reference for our work with teachers and children. It might also help us clarify ourselves historically, while developing a sense of purpose and a long range perspective as we continue to evolve.

In evaluation, I simply call upon us to become more accountable in this area. We have indeed progressed in evaluating the process and products of our training efforts, but need to go beyond where we are at present. The Bureau of Education for the Handicapped Special Project on Program Evaluation underway at the University of Virginia, and which all trainers may have an opportunity to participate in, should over time be of help to us in this area.

In training and service, I feel the need for us to take a much more ecological perspective. It is becoming clearer to me that we must help teachers understand families, child development, and community resources more thoroughly, as well as other aspects of the environment that affect the lives of children. Some of us are already involved in helping our trainees prepare for attending to these areas. I am suggesting, however, that we need to rethink the roles that we are asking our teachers to adopt. Skills in parent effectiveness training, the human development process, and the ability to search out, coordinate, and make more functional, available community resources, appear to be essential trainee behaviors needing intense development.

Another area of concern I have relates to our role as advocate in the area of social and emotional development. I believe it is important for us to analyze our commitment to the process we use as trainers to develop and maintain healthy psychological behaviors in our trainees. I have been interested in this problem for some time. The research data we have collected on teachers and trainers in this area suggests that many of them may have a poorly developed sense of self esteem in general, which apparently affects their perception of "self" as a teacher, as well as, their feelings about being able to provide a constructive interpersonal relationship to children in school. The message seems clear. If one of our concerns is to help teachers become more socially and emotionally constructive then it behooves us to serve as models of the very behaviors we desire them to demonstrate. We will also need to provide an environment that helps them develop personally, as well as academically.

Along these lines, it may be important to consider elaborating our training curriculum to include a life skills emphasis which would attempt to broaden the functional life skills of teachers so that as people they would be more socially aware,

and more internally self-assured in knowing they were able to do many more things in life unassisted or cooperatively with others. The goal would be to help people become more self-sufficient in a personal sense, and this in turn, should have a positive effect on their feelings of self esteem.

Another idea would be to establish living and learning centers where teachers in training, field personnel, and ourselves could go periodically for social and emotional sustenance, as well as personal and interpersonal skill development. These are but two suggestions.

In general, it seems important that we become involved on a personal basis with our teachers in training. By this I mean sincerely, creatively, and openly caring about them as people, i.e, helping them to cope with their problems and concerns, and pointing the direction for them to incorporate the standards of developmental technical assistance skills in social and emotional living they will need to engage in their subsequent encounters with children, families, and colleagues. It seems to make sense to me that if we are serious about developing constructive social and emotional behaviors in children, and families that we can adopt many of the same behavioral goals for our teachers in training and ourselves, I believe, the oft quoted comment, form follows function, applies quite well to this area.

These ideas are not antithetical to the current educational trend in performance based teacher education (PBTE). The performance based teacher education approach is more doing oriented, and certainly may provide us with a more viable framework for ascertaining our training goals, necessary program experiences, and evaluation of outcomes in the human skills area - something we have been lacking to date.

This brings me to my final point. For some time in our field there have been a variety of viewpoints concerning the most preferred conceptual orientation for analyzing and coping with human behavior. There is no question in my mind that each orientation to human behavior is necessary and supportive to the other. There is much to be gained by joining together to generate the most humane and positive environment possible for each of us to grow, and in turn provide growth experiences for those we are most responsible for; our teachers in training, and our children.

In closing, I would like to share with you a lovely present given to me by a former student. It is a simple message, and one I wish for each of you:

> "Thank you for sharing yourself with me -
> for that is the most that I will carry into
> tomorrow - with love. . ."

Thank you for the opportunity to express some personal comments on training. I look forward to working with each of you in the future.

# Educational Rights of Children: Legal Aspects

by

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I'm Tom Dixon and I've been practicing law in this area and in the related areas of commitment of the mentally ill and mentally retarded and the various rights of those groups for about four years. I was invited to speak, basically, I guess, about the educational rights of children since that is the thrust of the conference. The educational rights of children seem to have meaning only in the context of all the rights of children and especially those children who have mental disabilities, learning disabilities, and other handicapping conditions. Please let me just say before I go on, that if anyone has any questions or thinks I've overstepped or generalized too much, let me know.

Before I specifically pinpoint some of what I consider to be the important rights of juveniles revolving around special education issues, what I'd like to do is give you some of my general perceptions on (a) children with special needs; and (b) parents, and the state as parent - as it's called in the law, parens patriae - and by that, I include school districts, superintendents, state and local governments and in many instances you yourselves who are developing programs for use in those school districts and those who are actually implementing them now. Parenthetically, let me add, I don't know where I might have ended up had the social workers and special educators gotten hold of me somewhere along the line. When I was in grade school I understand I was a bit of a problem.

"If any parent shall willfully and unreasonably deny a child timely or convenient marriage or shall exercise any unnatural severity towards them such children shall have free liberty to complain to authority for redress." That's a quote from the Massachusetts Body of Liberties in the year 1641. It's not difficult to tell, I think, the intent of that centuries old declaration of liberties. The history that followed it gives us a pretty good indication. The Doctrine of Parens Patriae subsequently developed and became entrenched in our legal history and legal theory. Thus, if the parent is doing excessively unto you, the state will protect you in its surrogate role as a parent. This was true until recently when we began to take a closer look at the state as parent. The Supreme Court stated in Kent vs. United States in 1966 that there is evidence that there may be grounds for concern that the child receives the worst of both worlds; that he gets neither the protection afforded to adults nor the solicitous care and regenerative treatment postulated for children. The courts are now beginning to recognize that despite the cumbersome result in some cases, the full panoply of due process rights may be necessary to insure that our children receive what we have for years declared that they are due. My perspective as an advocate for the mentally ill and alleged mentally ill and mentally retarded youth and youth with behavioral disorders and learning disabilities has taught me that there are many dimensions to this whole problem and many dimensions to the questions about which rights are the child's. Sometimes it is clear that a child simply cannot express what his desires or needs are then someone has to do it for him, whether it be as a result of the particular disability or perhaps because of age. Other times, a child can express these desires but not one person in 500 would agree that the child's expressed desires are really those that are consistent with his or her needs. I think we all know that the child's expressed desires can be clearly inappropriate at times. On the other hand, often the child can and does express his desires and what he perceives as his needs and we, in our parental roles, are not listening but rather categorically decide what is right for the child by

determining what is in his "best interests." We say, "we know, we've got it all figured out," and this is something that the people here have to seriously wrestle with. How intently are we attempting to perceive what truly is in the child's best interests--when what he is saying is in his best interests, or when he says it in a number of different ways or when he can't say anything at all, rather than presuming that we can, in some kind of a vacuum, categorize and develop programs that will satisfy needs for this incredibly infinite range of young people who need help?

It is important, to recognize that we, in the interest of doing things for children, often end up doing things to them. I emphasize that here because I'm going to move into what kinds of things I think educators and attorneys can do in seeking services and in trying to prevent the state from doing things that are clearly inappropriate. Yet, it's important, that those who are educators and those who are going to be educators and those who are training educators understand what they're doing and develop a unique perception, at the outset, as to how they're traveling and how far they may be intruding. I would be just as happy, for example, suing an educator who has developed his own "Clockwork Orange" as I would a Bureaucrat who is failing to implement the special education law. This leads me to a group of my favorite defendents, the bureaucrats. I understand that, at least yesterday, there were a number of people who could be considered bureaucrats in the audience and you'll have to bear with me, if perhaps I generalize a bit, since I know that there are numerous persons in every bureaucracy who are doing their humanly best rather than their paper best. On the other hand, I believe there are a large number of people in these systems who consider their activities more as if they were working on a punch press than they do as if they were working with human problems. There is absolutely nothing wrong with working on a punch press but human problems are significantly more complicated and are not susceptible to simplistic solutions nor are they susceptable to a 9 to 5 approach. Nevertheless, that is the way most of our system operates.

To digress just a bit, I really think that's a serious problem. We are looking now at the implementation of special education laws, for example. It seems to me, at least in theory, one ought to look at the systems we've allowed to develop to supposedly implement these laws. I've got a theory that those very systems are so deliberating that it may not be possible without constant adversary pressure to do what we had hoped to do by designing those systems. There is no second shift in the bureaucracy. The door is closed. The pay is good, the benefits are good, and, if you hang around there long enough, they're excellent and you can retire after 20 years. It's all but impossible to fire anyone, because protective civil systems have grown up around these bureaucracies. Let me contrast that with a situation that's fairly close to home and has not been bureaucratized despite being funded by the government; the OEO Legal Services system. I think it's because we're such a pain that no one wants to protect our jobs very much but the legal services system is funded on a shoestring, is understaffed, has no pension or retirement funds, and they pay schedule is atrocious. I have between 3-4 years experience and I make $13,200 a year. There are bureaucrats without even a degree that make more than that after 4 years. We expect of ourselves and everyone we hire to work as many hours as are necessary, consistent with your own mental health, of course, to satisfactorily serve as large a portion of our client population as we can. If a person can't put out, they have to leave and that can be extremely painful because we develop very close friendships, obviously, working in programs like this. But we seldom fire anyone, it's not necessary, they understand what they have to do when they come into the system. We make that plain to them from the start. I must admit that the national turnover rate is fairly high in legal services. I think the people just burn out under those kinds of stresses and that kind of income after a number of years. I seems to me that that may be a lot better than presuposing that someone who stays around for 20 years has all sorts of expertise. We can get lots of bright young attorneys who will come in and work and learn fast and do very good

things. I prefer that to somebody who supposedly knows a lot because he has been around for so long and yet has lost the intensity that goes with individually dealing with peoples problems. You don't want to begin to resent people because you spend so much time and effort and everything else that you can't adequately deal with your own private life but you do need to have that dedication and that intensity that determines how you approach the system.

Now since the area of children's legal rights are so vast, what I'll try and do is just highlight some of the cases and laws, difficulties and dilemmas that I think are extant right now in the area. I said, if I generalize too much and you want further information or think I've unfairly characterized something, just let me know. I'm sure there'll be plenty of time at the end of the discussion for questions.

Let me move first to what I think is an overlapping question of the right to treatment and the right to education. Now, they're separable in some respects, since it's important to note that the right to treatment has primarily come from the direction of institutions, so in that sense it's separable from the right we're trying to create for kids who are either in the school systems or in special schools but not institutionalized. Yet many institutionalized children would not be in institutions now had we had special education programs to deal with their deficiences. So let me speak to that. Also, recognize that even within the institutions it's highly important, and is becoming mandatory, it seems to me through legal theories and through the case law to provide individualized special education within these institutions and, therefore, I see the right to treatment cases as highly important in this whole area.

The major case is Wyatt vs. Stickney out of Alabama. I'm sure you've all heard of that. The Wyatt case was highly important because it was one of the first major cases establishing a right to treatment but also because it didn't merely set out some vague right to treatment constitutional thing and then throw it back to the states or the attorneys and say, okay do your thing with it. The opinion set out pages and pages of enumerated guidelines on staffing patterns, on hours, on the kinds of facilities that were required within the institutions, and so forth. That obviously is part of the reason that this was appealed to the 5th Circuit because if ever implemented, the State of Alabama was going to have to spend one hell of a lot of money to try and bring that institution up to Constitutional requirements. Now, a sister case of Wyatt, came out of Georgia, called Burnahm, which was decided differently. The judge said, "there's just no constitutional right to treatment; I don't find that's required by the constitution." Those have both been appealed to the fifth circuit and they're under review right now. For some unknown reason, well perhaps it's not an unknown reason, it's a highly difficult question; the fifth circuit has still not decided these cases."*

Judge Jones, in Wyatt vs. Stickney, indicated that he might order the State of Alabama to sell off some of its excess land to provide for human beings. So there are a whole lot of power questions and other constitutional questions in that case, as opposed to simply a right to treatment question. It seems clear to me that even when the Fifth cicuit does decide which every way it goes, it will probably go up to the U. S. Supreme Court. Ultimately that's where the whole issue is going to be finally decided. Jobes vs. Michigan Department of Mental Health also declared the right to treatment as did Welch vs. Likens in Minnesota, Nelson vs. Heyne in the 7th Circuit, a case originally out of Indiana, and not too long ago Saville vs. Treadway in Tennessee. Donaldson vs. O'Conner, out of your own state of Florida, may be the most important case of all of those, from my perspective, as to how the law works when you sue the state or other bureaucracies. The issue was, some man, who turned out to be a plaintiff, had been institutionalized in the state of Florida for over 14 years. Somehow he found a lawyer. He alleged he had never received any treatment while he was in the institution and yet all his efforts to get out of the institution were

*On Nov. 8, 1974, subsequent to the delivery of these remarks, the Fifth Circuit strongly affirmed the right to treatment aspect of Wyatt vs. Stickney, (sub. nom. Wyatt vs. Aderholt, 5th Circuit, Docket No. 72-2634).

rebuffed by the institutional authorities. He sued, and the result was almost a $40,000 damage judgment, against the institutional superintendent, and I believe possibly one of the psychiatrists. The reason this is important is because in the law, as I've dealt with it, I've seen a great deal of bureaucratic response that resembles the amoeba. When you hit it here, it gives over here and it never really changes much, its so amorphous; it just moves out and in, wherever it has to move. But, when you hit somebody up for his pocketbook and its not state money, you can guarantee that things are going to start hopping around that place. There is one other court tool that has a similar impact, and that is contempt of court. Because they don't like to spend any time in jail. So, those two things are, I think, why Donaldson vs. O'Conner is going to be a highly important case. That, by the way, is in the Supreme Court right now also, and I don't know what's going to happen to it, but it seems to me that if the Supreme Court does affirm the judgment as the Fifth Circuit did when it was on appeal there, that it will be one of the most beneficial tools that any attorney in the State of Florida could have when he's dealing with someone in the bureaucracy who says either, "the law doesn't say that," or "I just can't do that," or "it is because I don't have the money," or whatever. You say, "look, I want you to read this decision." Just leave Donaldson vs. O'Conner with him and go home and I guarantee you he's going to talk with you about the problem the very next day.

Now why are these cases so important in children's educational rights? Well, they plug into the fact that so many children have been institutionalized in state and county institutions. And, unless we can get all those children out of the institutions, it's important that we provide individual treatment plans and educational plans within those institutions and force those institutions to actually do what we are attempting to do in the public school systems. It is not acceptable to me, and I do not believe it is acceptable to most people here, to hide our problems so that we don't have to face how tough the job is, and the fact that we may not be able to succeed on the grand scale that we hoped we could. Nothing's wrong with that. It's a very peculiar American trait that says we have to succeed at everything at a very high level. I think its a peculiarly good American trait, since it helps us to take on responsibilities that we otherwise probably wouldn't even come close to undertaking. On the other hand, we have a fear and a lack of understanding of failure. If we can keep the former and somehow make in roads on the latter, I think we'll have a combination of the best traits of all.

One of the other very major and important constitutional theories that have come out of recent cases, is the theory that one is constitutionally entitled to the setting which is the least restrictive alternative on the individual's freedom. Now obviously, in a lot of cases, this is going to depend on the individual need of the person and of the society. The importance of the situation, I think is apparent. In Morales vs. Turman, the court for the Eastern District of Texas, just recently handed down a 106 page opinion emphasizing as part of the relief the less restrictive concept. I think it's important to the educators here, because if, in fact, this theory gets developed and utilized to its logical extreme, its going to require a move away from institutionalization. This is something that's begun over the last decade and is moving at full force over the country. If that's true, its going to move children to one of the least restrictive alternative sites. It is going to allow those kids to be in the schools or to be in group settings or be in special schools that do not now exist because the institution was just hiding those kids away, and that means your responsibilities are going to become even greater.

Few states have made significant moves to create alternative settings, and unfortunately this leaves both the state of the law and the state of reality in an unfortunate dilemma. We [illegible]rinding that the courts are saying the institution simply is inappropriate and it needs these billions of dollars of input before it can ever be appropriate, and in some cases it can never be appropriate. So you need to look for the least restrictive settings; the bureaucrats say "but there aren't any, I've looked" so the next important step is for the courts to say, "then create

them because we have determined that under no circumstances can your institution provide treatment; under no circumstances can you hold these young people in the institutions when you simply can't provide the education or treatment necessary in that setting. I don't know if the courts can or will settle this problem but a major attempt is being made by the Mental Health Law Project in Washington, D.C. via a lawsuit called Robinson vs. Weinberger. They are seeking a decision which basically says: Traditional institutions, no matter how you improve them, cannot provide appropriate education and treatment for most of the children they hold, therefore, if there is a constitutional right to treatment, there is also a constitutional mandate to create the settings that will be able to treat. Should this legal theory be successful, it would have a resounding impact on the institutionalization of our children.

Outside of the right to treatment there are, as you know, Right to Education statutes throughout the country. It no longer appears that getting the bills passed is a major problem. But just you try to get them satisfactorily implemented. In Wisconsin three major law suits have already been brought under the Special Education Act and most certainly more will be forthcoming if I read the present direction of the bureaucracy and the Superintendent of schools correctly. One gentlemen yesterday was questioning Dr. Andereck about the availability of materials but I'll guarantee that where costs are involved many local and state districts will do all in their power to short-cut what is needed even if and when it is available. Let me give you an example. A county near Milwaukee has answered their special education needs by re-opening a school that was found unsuitable for "normal" kids and was closed down. One of the problems, for example, is that the bathrooms are located in the basement. Hell, half the kids are physically handicapped. The heating system doesn't work worth a damn. It's just a mess. Racine County says, "well we're working on the special education building." Now this kind of stuff is going to go on all over the country and its going to have to be the people outside those systems who are going to say, "I'm not going to consider money when I try to get implementation of this law. Obviously, and I hate to use the word, practicality will ultimately come into the formula. But as attorneys and as special educators, that isn't going to be my problem or in my opinion, your problem. Don't worry about someone raising the money issue and making sure that part of the story is being told because somebody else will be telling it. What you ought to worry about is memorizing your state right to education statute, knowing what the hell's going on in your district and then finding some friendly attorneys who also have an interest and utilize their services, where necessary. At the very minimum at least be able to deal with the local superintendent or principal or whoever is trying to tell you what your chapter means. You've got to have that knowledge, if you really are going to effectively do what you're trying to train people to do, and what you're trying to do within that school system yourself.

On the other hand, at least as far as litigation goes, pick your issues carefully so that you don't, every time you have a problem, create a confrontation either with your school system or your state system or get an attorney because you'll merely wear yourself out on things that you're not going to succeed on in the long run anyway. Pick a good issue. These laws are going to take a long time to implement. I mean as I said, I don't like to hear people in control of the system talking practicality all the time. Yet, it's going to be talked and its going to be true to some extent that the implementation of these laws is going to take a long time and a whole lot of money and you're going to have to anticipate that. It's not going to be done right away and as you well know its not going to be done on the level of having appropriate teachers and teachers with the knowledge that's required to perform the tasks in school districts. So steel yourself for a long time of the law not working in your various communities, and on the other hand, look for those areas where it should and could be working and someone is keeping it from working because it's just too expensive for them and they don't want to do it.

Another issue that is related, and again you're all going to be involved in, is

the right to fair classification of children. I think this gets away from the bureaucrats just a little bit and strikes a little closer to the psychologists and special educators. The child has a right to the most careful determination of his needs because even minor mistakes, in my opinion, can create serious problems. Testing, therefore, becomes a very critical thing. People should keep a very constant watch on what testing procedures are being used and what kind of tests are being used for what kind of people. It's not entirely clear to me and many psychologists and many special educators that, for example, certain tests that are very effective on white middle class children are not effective on poor White, Black, Indian, Spanish, and other minority children. These things should be considered when those tests are given and when you're trying to classify a child. Maybe what he needs is more Spanish teachers in the school system, somebody bilingual rather than some special education program that presumes that he is either emotionally disturbed or has a severe learning disability. Those kinds of things are highly important, as you know. You know you have got to take a risk, you've got to go ahead and perform, but you can set for yourself a very high standard when you do go about considering those kinds of things.

Another major issue is already on the horizon, and I expect it to get more widespread attention (in fact, I hope to sue the State of Wisconsin next week). We've been working on the case a little bit and I think we have some appropriate clients so all week I was at the office, getting ready for my favorite defendant, the State Director of the Department of Health and Socail Services, Anyway, that's not important. The ussue is a difficult one, but in some respects a very clear due process one. That is, the "voluntary" commitment of juveniles by their parents. No question is ever asked in Wisconsin of any child, irrespective of his age or ability to answer, whether he wants to be committed. The parent's signature along with the physician's certificate, is all that's required to voluntarily sign this child into a state or county mental institution or institution for the retarded. This is not true just in Wisconsin. I would guess that there's a statute like that in Florida. I know that there are statutes like that all over the country. The Saville vs. Treadway case, that I mentioned in the right to treatment discussion, dealt with this issue, but only for MR children. It declared the Tennessee statute to be unconstitutional. The importance of this is tied into all these other things--the whole question of institutionalization and how debilitating that might be; the whole question or least restrictive alternatives; the whole question of whether the kid should be anywhere. There's no one answer to these questions yet the child never even gets to raise them. It goes a step further than that. Some kids are together enough to say, "Oh no, I don't want to be there." Okay, well they're not listened to anyway but under certain circumstances you can create a climate where they would be listened to, where they'd have a right to a hearing, etc. But, what about all those kids who, as a result of the common deference to authority, the psychologists, doctors, everybody does not react? What's he going to do? He goes along. There may be a very small third category of kids who say, "Well, even if I knew that I could go somewhere else, or even if I knew that they couldn't do this to me, I just don't seem to be able to get my stuff together. Maybe they can help me," but, I bet that that's a very small percentage. What I put to you is that all children should have the opportunity, prior to being placed, to discuss with an independent party, in my recommendation an attorney, who's appointed immediately, whether or not the placement is voluntary. Presently, the applications don't have to be filed or anything, they just get filled out and the kid is voluntarily signed in with the certificate of the physician. It doesn't have to be a psychologist or psychiatrist either, so what I'm saying is that what ought to happen is that that should be an application form for the court, the court should assign an attorney for every child, every single child. Presuming that there's a possibility that what the parents have decided is in the child's best interest, might not be, or at least he might not perceive it to be, which is an important question all by itself, the child has explained to him that if he does not want to volunteer to this,

then he's got a right to counsel and he's got a right to a full hearing on it, he's got a right to the least restrictive alternatives, even if it's determined that he should be placed, and then he has the right to decide whether or not to volunteer. Now, my idea and the idea of Jim Ellis who works for the Mental Health Law Project and has recently written a law review article on it, is what you do is you have your attorney just perform that function. Not the attorney saying, "In the best interest of the child, I think we ought to place him," but the attorney explaining everything to the child and saying to the child, "what's your story? How do you react to all this?" If the kid says, "I don't want to go," he has a right to a hearing, full hearing. If the kid says he does want to go, after the attorney explained it all to him, the attorney says, "I believe he understood, I believe he was competent to make that decision," and he sends that affidavit off to the court and he's voluntarily admitted. Any kid who is too young to have that determination made, cannot be presumed to be having the right thing done for him any more than anybody else. This is a difficult question, because parents say, "you know, it's my kid, I ought to be able to put my kid where the hell I want." And I say, "Oh no, you shouldn't be able to, not when it's an institution." We're not talking about a public school system; we're not talking about summer camp; we're talking about an institution. So, if the kid is too young to say, "I don't want to go," or "I do want to go," there has to be a hearing automatically. I don't see as how that harms anything, because all of this can be done in a maximum of 14 days and the whole issue of delay I think is somewhat arguable. In fact, you can develop the same kind of Lessard type procedures that we sued on in Wisconsin and say if probable cause is found that he's emotionally disturbed, has mental illness or whatever it is that would categorize him and he probably needs treatment and it could probably be provided within the institution, then he could be placed pending the hearing which could occur 10 days later. Where the child agreed to the application and understood his rights all of this would be unnecessary.

Learning Resource Centers

by

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I am honored to be here and trust that the talk entitled "Words from Washington" presented by two of my colleagues in the Bureau of Education for the Handicapped did not encroach upon the territory of the words I've brought you; and, I hope my words are not repetitious of theirs or any other of my colleagues I see on your conference program.

It is my objective to be as specific as possible in describing the Learning Resource Centers program of USOE/BEH so that you may share in the development of that program and assist the federal government in implementing it throughout the country. It is neither a simple program nor a simple program structure. The LRC program will attempt articulation of local, state, and federal government agencies so that there is an organized national effort to provide identification, diagnosis, programming, and media-support services to each handicapped child.

The pedagogical basis of the program goes like this:

1. Identification. . . as a teacher, parent, pediatrician, sibling, playmate or whoever sees sufficient deviation in the behavior and learning characteristics of a child to be concerned about the normalcy or abnormalcy of that child, we find the target of our services. The LRC program, specifically, the Regional Resource Centers, intend assisting the states within their regions to develop a system for methodically and scientifically finding the target-child for special educational services. Reliance on haphazard identification by deviant behavior displays hardly ensures that each child who is unserved or underserved is identified.
2. Educational Appraisal. . .having once identified a child whose learning behavior seems to require special handling, we need to devise and apply the measuring tools and techniques which give us a description of the physical handicap of the learner in educational terms. Though closely akin to medical evaluation, our purpose is to find the physical characteristics and mental capacities which affect the learning of social and vocational skills and information. Again, Regional Resource Centers in the LRC program are the program agents to help states develop a capacity to evaluate the educational capacities and incapacities of the child. Regional centers will give some direct services in evaluation of children as well as assist states in developing said capacity.
3. Educational Programming. . .the identified and evaluated child should have customized sequence, timing, and type of educational experiences available to him if he/she is to maximize the growth potential. Regional Resource Centers will assist states in developing an intrastate capacity to give curricular prescriptions of the long-range, short-range, and immediate nature. Within the limits of certain criteria, the regional center will give direct service to children (largely, those with no other advocate for such services to help the child).

Now that the target child is identified, appraised, and has been given long and short range educational prescriptions, the parent or local educator will make the placement decisions necessary to bring the child within the influence of organized special education. This placement decision may be with RRC counsel if such counseling is desired, but, is primarily in the hands of the child's legal advocate. Once in an educational program, the Regional Resource Center program continues to influence the child.

4. Periodic re-examination. . .the Regional Resource Center will assist parents, teachers, and other concerned persons in the day-to-day process of educational

programming and program modification. Again, the RRC serves by helping the state and local education agencies develop the ability to track children, modify educational prescriptions according to child-progress, and re-evaluate the no-gain child. In few instances will the regional center give direct child tracking service.

5. Media support. . .the influence of the Area Learning Resource Center comes into play once the child is in a program which is designed to accommodate his/her learning characteristics and curricular needs. The four program elements of the ALRC portion of our program include:
   A. Seeing that the needed experiences are supported by appropriate instructional materials by finding, adopting, or creating the materials. This materials development system depends on the cooperative effort of commercial and non-commercial developers to make and market items which honor the learning disabilities of the handicapped child. You can imagine how complex the job is to perceive what is needed to meet the various learning characteristics, maturity levels of learners, curricular interests, and some dozen other important factors in software, hardware, and procedures design.
   B. Even through the supply of appropriate materials might be extant, the need to train parents, teachers, and other child advocates in the selection and use of hardware, software, and procedures is tremendous. Each area center of the ALRC network of centers tries to find the media training requirements of its region and assist training institutions in preparing persons to be competent in media, materials and educational technology. This second aspect of ALRC work is no small enterprise. We have yet to articulate the media training work of our program with the larger training mission of BEH; much work needs to be done.
   C. And, if materials are extant and everyone is trained to use and select them, it is of only theoretical value unless we can associate a specific learning need and learning child with a specific material and strategy suitable to meeting that need. A materials information system is one of the meatiest enterprises in the whole program. The ability to prescribe materials which enable a specified learner to learn specified material or reach specified objectives is being developed by the National Center on Educational Media and Materials for the Handicapped located at the Ohio State University.
   D. Once we have trained persons, a supply of useful materials, and a system for gaining intellectual access to them (by way of a materials information system), we need a distribution system which gives PHYSICAL access to them. The Specialized Office for Materials Distribution is intended to be the source of materials prescribed by the information system when all local and state sources are determined to be unable to provide it where and when the learner needs it.

   The four-part media support program included in the Learning Resource Center program is sufficiently energetic that it is a complex system in its own right. Until September 1974, USOE/BEH supported the SEIMC and RMC centers (19 units funded for about ten years) to fulfill the media and materials support role now assigned to the Special Offices, National Center, and ALRCs in the Learning Resource Centers program. The suggestion and criticisms gathered over those ten years of progress is designing a media support system for special children have been incorporated in the program reform which is represented in the LRC program.

I have quickly recited the five pedogogical areas of the Learning Resource Centers program; identification, educational appraisal, educational programming, periodic re-examination of appraisals and programming results, and, finally, media support of a child's education. I suggest that the program scope is comprehensive of the major educa-

tional support services any child should have, be he/she a "special" learning subject or "normal" subject.

I should now turn to the most pronounced strategy we intend to use in the program's implementation: We believe that the state and local educational agencies should be stimulated, reinforced, and guided in establishing these services within their states and communities. But, there is a great variety of capacities for doing this at the present time. Some states or communities are virtually virgin territory for service development while others are highly sophisticated in certain services and service development plans. The federal program is going to treat each state on the state's terms; the priorities, the current condition of services, and the accepted strategies for work within each state will be honored. Of course, this flexibility will be confined to work within the work scope of the program. Unless other sectors of the educational enterprise (such as transportation or lunch program) can be shown to be directly related to (and significantly involved with) the RRC program of identification-diagnosis-and programming or the ALRC program of media support, the flexibility will NOT extend to such enterprises. HOW we work with each state and local community is the permitted variable; WHAT an RRC, ALRC, or any other kind of center in the Learning Resource Centers program does is quite structured. The legal base for the program and the appropriation for operating it definitely prescribe the activities to be included in the program.

Whereas, flexible working with states in the manner with which the program is developed has a fine sound for gaining the 1980 goal of BEH: providing an appropriate education for every handicapped child, it does not guarantee that the child NOW in need is going to be served well. The LRC program strategy includes providing a backup service to the local, intermediate, and state educational agencies, now. The RRCs have a capacity to help evaluate and program for the child who has complex or inexplicable problems or the child who has no local or state advocate for RRC type services. And, the parent or teacher who says, "I'm trying to teach these things to that kind of a child...what kind of materials can you prescribe to help?". . .doesn't have to accept, "I don't know" as an answer; the ALRC and National Centers program of media support aspires to serving as a court of last resort type of agent to back up local and state information and distribution sources if and when they are not up to handling certain specific requests. The help-states-to-develop-internally and the back-up-states-until-sufficiently-internally developed approaches form a two pronged strategy for the LRC and its component centers to deliver the educational services of the program.

Nearly fifteen million dollars, annually, will be expended over the three-year life of the LEARNING RESOURCE CENTERS PROGRAM. We are attempting a record-keeping system which will provide external evaluators the data they will need at the end of the three years so they can answer such questions as . . . What was the state of service development in the target states and communities before the LRC system was put in place? What was the state of service development at the end of three years? Is the measurable change on service capacity due to LRC system work? Can the intervening agents between this federal program and the handicapped child be traced so that some objective proof is available that the program theory works in life? Do child change episodes come at an economically feasible cost if at all? Do the individual contractors and the whole program show sufficient merit in helping the handicapped child to warrant further operation of the system?

I suggest that the programmatic sketch I have given you and the handout materials I have supplied you (re: LRC program interpretation pieces) is sufficient input to cause you to have comments, suggestions, and questions about the program. Therefore, I should like to shift gears and make the remainder of my talk responsive to your needs. I shall stop the monologue, here, and given "extended" answers to your questions and retorts to your comments. Feel free to range from history to future and from structure to programmatic views in your participation.

# Children with Behavioral Problems in Regular Classroom Setting

by

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A variety of procedures have been utilized in attempting to more accurately determine the incidence of behavioral disorders in school-aged children and youth. Reported incidence figures range from 2 to 69.3 percent of the populations under consideration (Glidewell and Swallow, 1968). Probably the most frequently cited estimate of the incidence of behavioral disorders is that of Eli Bower (1960). According to Bower, approximately 10 percent of the school-aged population need professional assistance of some type during their school years. However, less than one percent of school-aged children have severe emotional problems which require intensive intervention programs.

Researchers have sought the assistance of classroom teachers, parents and mental health professionals, including psychologists, counselors, social workers and psychiatrists to make determinations about the mental health of children and youth. A variety of behavior rating scales, standardized test instruments, physical examinations and direct observation systems have been employed. The results of studies have been reported in terms of mild, moderate and severe behavioral disorders as well as in terms of traditional psychiatric labels such as schizophrenia, autism and depression. In general, the use of numerous methods and associated variables has contributed to the confusion about the nature and the scope of the incidence of behavioral disorders in school-aged children and youth.

The purpose of the present investigation was to sample an extensive number of regular classroom teachers and determine their individual perceptions of the behavioral status of their students. The regular classroom teachers' perceptions of behavior were particularly important to the investigators since these same teachers spend a considerable amount of time with their children and in many cases are the major available change agents for the child. An additional impetus for undertaking the present investigation was the study by Ullman (1952) in which he concluded that teachers are frequently in agreement with other mental health professionals regarding the mental health of children and youth.

## Method

A specially designed research checklist was submitted to a total of 2664 regular classroom teachers in grades K-12 in thirteen Florida school districts. Each teacher was asked to categorize the behavior of their students in terms of no perceived behavioral disorder or a mild, moderate or severe behavioral disorder. Specific behavioral dimensions and psychiatric terminology were not provided to the teachers as they responded to the checklist. The teachers were also instructed to avoid reporting children who had been previously diagnosed as having certain other primary

handicapping conditions such as mental retardation and hearing impairment. Rather than attempting to relate the terms mild, moderate and severe behavioral disorders to specific behavioral dimensions, a continuum of services or special programs were matched with the terms as a guide to the participating teachers. Each of the major special programs or services was selected and defined on the basis of general acceptance by special educators as educational alternatives for children and youth with mild, moderate or severe behavioral disorders.

Definitions

1. Mild behavioral disorders - Children or youth with behavioral disorders who can be helped adequately by the regular classroom teacher and/or other school resource personnel through periodic counseling and/or short term individual attention and instruction.
2. Moderate behavioral disorders - Children or youth with behavioral disorders who can remain at their assigned school but require intensive help from one or more educational specialists (i.e. counselors, special educators) and/or specialists from community agencies (i.e. mental health clinics, diagnostic centers, etc.).
3. Severe behavioral disorders - Children or youth with behavioral disorders who require assignment to a special class or special school.

## Results and Discussion

A considerable amount of data relative to regular classroom teachers' perceptions of behavioral disorders in children and youth was compiled. The researchers focused attention on several teacher characteristics including their race, sex, experience level and formal educational preparation. The race, sex, achievement level and the grade level of the children and youth were also considered. Selected research findings are presented for consideration.

1. The total mean percent of children and youth perceived by their teachers as exhibiting behavioral disorders was 20.4 with 12.6 percent placed in the mild category, 5.6 percent considered as having moderate disorders and 2.2 percent with severe behavioral disorders.
2. A gradual increase in the perceptions of behavioral disorders was noted between kindergarten (19.4%) and grade 5 (25.5%). A downward trend was evident between grade 6 (22.0%) and grade 12 (8.8%), with the exception of grade 9 (26.0%).
3. Approximately two male students for every female student were perceived as exhibiting behavioral disorders. The female teachers generally perceived higher percents of both male (26.6%) and female (15.0%) students as exhibiting behavioral disorders than did male teachers (21.1% males and 11.8% females).
4. Approximately two black students for every white student were perceived as exhibiting behavioral disorders in kindergarten through grade 7. Differences between blacks and whites were minimal between grades 8 and 12. In general, white teachers perceived more black students as exhibiting behavioral disorders when contrasted with the perceptions of black teachers.
5. When the teachers' educational backgrounds and years of teaching experience were considered as factors in teacher perception, virtually no association was noted.

## Conclusion

When classroom teachers were given the opportunity to freely report their perceptions of the behavior of their students, a number of serious problem areas were highlighted. The mean percent of 20.4 that was perceived by the participating teachers as exhibiting behavioral disorders is obviously cause for concern. Although 12.2 percent of the children were assigned to the mild category, another 7.8 percent were perceived as exhibiting moderate or severe behavioral disorders. In view of the

service related definitions used in the present investigation, the need for specialized services as determined by the participating teachers is substantial.

An awareness of how teachers perceive the behavior of their students is essential in determing the needs of both students and their teachers. Data of this nature is particularly relevant since teachers' ability to make accurate judgements regarding the behavior of their students has received some support in the research literature (Ullmann, 1952, Nelson, 1971). However, the task of judging the appropriateness of human behavior is complicated by many factors. In the present investigation, the sex and race factors exerted an influence on how the teachers perceived their students.

The need for more specially trained personnel in the area of behavioral disorders is evident. However, an equally important priority is the upgrading of the training of both inservice and preservice regular classroom teachers. Through additional training and experiences in behavioral disorders, regular classroom teachers should be better prepared and more confident in their ability to assist that large number of children and youth who are perceived as having mild behavioral disorders. Additional training may also make it possible for teachers to more accurately judge the behavior of their students and make more appropriate referrals of children in need of specialized services.

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# Modularized and Traditional Teaching Methods Used In Preservice Teacher Training

by

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One of the recent advents in teacher education is the development of competency based training programs. Rarely, if ever, has any movement swept through teacher education so rapidly or captured the attention of so many in such a short period of time (Houston & Howsam, 1972). Rosner and Kay (1973) have suggested that this rapid implementation of competency based teacher education programs is at variance with estimates which have been made concerning how much program development time and research need to be invested in order to implement a major test of the power of competency based teacher education.

Competency based instruction rarely is considered without reference to some kind of unit packaging (Howsam & Houston, 1972). These units of learning are frequently referred to as modules. The instructional module is regarded by some authors (Cooper & Weber, 1973; Howsam & Houston, 1972) as the very best heart of the competency based teacher education program.

The present study investigated the question as to whether a modularized form of instruction is as effective, in terms of student achievement, as more conventional instructional methods. An ancillary purpose of the investigation was to examine the differential effects of modularized and traditional instructional methods on students' rating of a course.

Specifically the following null hypotheses were tested:

Hypothesis 1: There is no significant difference between the achievement, as measured by a posttest, of students who receive traditional instruction and students who receive modularized self-pacing instruction.

Hypothesis 2: There is no significant difference between the achievement of students who receive traditional instruction and students who receive modularized self-pacing instruction when the students receiving modularized self-pacing instruction are allowed to recycle through the learning activities and posttest.

Hypothesis 3: There is no significant differences in the course ratings performed by students in a traditional class and the course ratings performed by students in a modularized class.

Corollary 3a: There is no significant difference in the proportion of students in a traditional class and the proportion of students in a modularized class who indicate that they learned more in the course than in most of the other courses they have taken.

Corollary 3b: There is no significant difference in the proportion of students in a traditional class and the proportion of students in a modularized class who indicate that the course was better tailored to their individual needs than most of the other courses they have taken.

Corollary 3c: There is no significant difference in the proportion of students in a traditional class and the proportion of students in a modularized class who indicate that the information they learned in the class will assist them in being more effective teachers.

Corollary 3d: There is no significant difference in the proportion of students in a traditional class and the proportion of students in a modularized class who indicate that they would recommend that other students they know take the course.

Corollary 3e: There is no significant difference in the proportion of students in a traditional class and the proportion of students in a modularized class who in-

dicate they would recommend that the course continue to be taught in essentially the same manner.

## Procedures

The study was conducted at the University of Florida during the 1974 spring quarter. The sample consisted of 32 undergraduate students who enrolled in the course, Educational Aspects of Behavioral Problems in Children. The subjects were randomly assigned to the two sections of this course. Three students, one in the control group and two in the experimental group, withdrew during the drop-add period. Statistical analysis was performed utilizing the remaining 15 students in the control group and 14 students in the experimental group. Subjects in both groups were given a pretest prior to the initiation of instruction.

Students in the traditional instruction group used two books of readings, volumes one and two of Educational Aspects of Behavioral Problems in Children and Youth (Bullock, Dykes, & Kelly, 1974a, 1974b). The structure of this class approximated that used in conventional university classes. This group met one night weekly for approximately four hours during the 11-week quarter. The primary instructional methods utilized were lectures, group discussions, and films. As in other conventional classes, the course timelines were established in advance by the instructor, and all students were expected to complete the assignments at the time specified. Regular reading assignments were made from the two assigned textbooks. Lectures and class discussions dealt primarily, but not exclusively with the material included in the textbooks.

Students in the modularized instruction group did not attend conventional classes. A self-pacing instructional module (Bullock & Blackburn, 1974) rather than traditional lectures provided the vehicle for transmission of relevant information and knowledge. The instructor held short individual conferences weekly with each individual assigned to this group. Students in the experimental group used the same textbooks (Bullock, Dykes, & Kelly, 1974a, 1974b) as those used by students in the traditional class, with the exception of an instructional module which was used only by students in the modularized class. The instructional module consisted of 12 units of study each of which contained a competency goal statement, the unit criterion, instructions for completing the unit, a list of readings to be consulted in the textbooks, a list of optional enrichment activities, and a self-administered unit postassessment. The students in this group were allowed to proceed at their own pace; the only requirement being that they take the postassessment on or before the final examination date scheduled by the university

Students in the control group were administered the postassessment during the regularly scheduled final examination period. Students in the experimental group could take the postassessment at any time after they had completed the required units included in the module. Students in the experimental group who desired to improve their grades were allowed to recycle through the learning activities and the postassessment.

Students in both groups completed a course rating survey. The survey consisted of five pair comparison, forced-choice items. A value of one was assigned to each of the responses which were indicative of a positive attitude toward the course. Positive responses for the five items on the Course Rating Survey included:

1. I have learned more in this course than in most of the other courses that I have taken.
2. This course was better tailored to my individual needs than most of the other courses that I have taken.
3. The information learned in this course will assist me in being a more effective teacher.
4. I would recommend that students I know take this course.
5. I would recommend that it be taught in essentially the same manner in subsequent quarters.

## Results

The statistical test of significance used to evaluate Hypothesis I and Hypothesis 2 was a t between experimental and control groups on pretest-posttest and pretest-recycle gain scores, respectively. The t test for independent observations was utilized as a statistical test of the significance of the difference between mean course rating scores for the control and experimental groups. The Fisher exact probability test was employed to evaluate the five corollary hypotheses associated with Hypothesis 3.

Table 1

Mean Pretest, Posttest, Recycle, and Gain Scores
Reported for Experimental and Control Groups

| | Pretest | Posttest | Gain | Recycle* | Gain* |
|---|---|---|---|---|---|
| Experimental Group (n=14) | 81.93 | 123.43 | 41.50 | 125.43 | 43.50 |
| Control Group (n=15) | 78.53 | 106.80 | 28.27 | 106.80 | 28.27 |
| Difference | 3.40 | 16.63[c] | 13.23[a] | 18.63[b] | 15.23[c] |

[a] $p < .02$

[b] $p < .01$

[c] $p < .001$

*Posttest scores were used for those subjects in the experimental group who did not recycle and for subjects in the control group.

The experimental and control groups did not differ significantly on pretest scores. The difference between the two groups on posttest scores, unadjusted for pretest differences, was significant at the 0.1% level. When the posttest scores were adjusted for pretest differences by calculation of pretest-posttest gain scores, the difference between the two groups was significant at the 2% level; therefore, Null Hypothesis 1 was rejected.

The difference between the experimental group's mean recycle posttest score and the control group's mean posttest score was significant at the 0.1% level. When the posttest and recycle posttest scores for the two groups were adjusted for pretest differences by calculation of gain scores, the difference between the two groups was significant at the 1% level; therefore, Null Hypothesis 2 was rejected.

The course rating scores for the control group ranged from zero to five, with a mean of 2.40. The course rating scores for the experimental group ranged from one to five, with a mean of 3.64. The difference between the means for the two groups was significant at the 5% level. Null hypothesis 3 was rejected.

Corollary 3a, Corollary 3c, and Corollary 3d could not be rejected. Corollary 3b was rejected ($p < .001$), and Corollary 3e was rejected ($p < .05$).

## Discussion

The results of the present study indicate that preservice teachers who are taught by modularized self-pacing instructional methods achieve at a higher level than preservice teachers who are taught the same subject by traditional methods, notwithstanding the fact that students in modularized courses may not be provided with traditional lectures or conventional class meetings.

The experimental group not only scored significantly better on posttest scores, pretest-posttest gain scores, recycle scores, and pretest-recycle gain scores, but also completed the course in a shorter period of time. Subjects in the control group took the test during the eleventh week of the term, whereas the mean number of weeks required for completion for the experimental group was 8.26 weeks.

The experimental group's rating of the course was significantly more positive than the course rating performed by the control group. A significantly greater proportion of the subjects in the experimental group indicated that they felt the course was better tailored to their individual needs than most of the other courses they had taken. Furthermore, a significantly greater proportion of the subjects in the experimental group indicated that they would recommend that the course continue to be taught in essentially the same manner.

The present investigation has contributed data necessary for an initial evaluation of one form of modularized instruction. The results of this investigation suggest that innovative instructional methods can be developed which are superior in certain respects to traditional instructional procedures. The results of this study if substantiated by additional research would suggest that preservice education courses should be examined to determine the feasibility of supplementing or partially supplanting traditional instructional methods with some form of modularized self-pacing instruction.

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# An Evaluation of a Non-Categorical Competency-Based Special Education Methods Course

by

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The phrase "competency-based instruction" falls on few foreign ears among special educators. The visability of the field to the public eye, plus the recent interest in educational accountability, has directed teacher trainers toward instructional approaches emphasizing student mastery of critical teaching skills. Encouraged by the Bureau for the Education of the Handicapped, training institutions have revised and refined their curricula to incorporate the principles of competency-based instruction (CBI).

The faculty of the Department of Special Education, University of Kentucky, have endorsed the concept of CBI, and, by successive approximations, are moving toward the goal of non-categorical CBI training programs. One of the Department's first efforts was the development of a non-categorical, competency-based methods course (Blackhurst, Cross, Nelson & Tawney, 1973). This course has served as a vehicle for pilot testing various components of CBI curricula. The present paper examines the current structure of this course, and student reactions to it.

## Structure

The course is referred to as the Joint Methods Course (JMC) because it is comprised of four separate courses: Education of the Trainable Mentally Retarded, Education of the Educable Mentally Retarded, Education of the Orthopedically and Neurologically Handicapped, and Education of the Emotionally Disturbed. The first three of these courses are offered at the undergraduate level, while the latter is open to graduate students only. In 1971, the instructor's of these categorical courses decided to restructure their courses into a noncategorical, competency based format. This decision was based on several considerations: (a) It was felt that much of the content of the separate courses overlapped or was identical; (b) The instructors observed that many basic teaching skills are needed by all special education teachers, regardless of categorical area; and (c) combining the common content of these courses would enable the instructors to divide the major teaching responsibilities according to their areas of individual competence. In addition, the U. S. Office of Education, Bureau for the Education of the Handicapped has provided strong encouragement for training programs to explore CBI and non-categorical program formats (Proceedings of Conference on Bloc Funding, 1971).

The JMC is a departmental requirement for upper division students (juniors, seniors, and graduates), who are majoring in Special Education at the University of Kentucky. The course is taught in the spring semester and is a prerequisite for Student Teaching in Special Education.

Presently, the JMC is designed to achieve eight broad objectives, shown in Table 1. To accomplish these objectives with the 90 to 110 students enrolling in the course each year, nine semi-independent instructional modules have been developed . These modules are (a) Educational Resources and Materials, (b) Task Analysis, (c) Behavioral Objectives, (d) Assessment, (e) Behavior Modification, (f) Learning Environment, (g) Reading, and (h) Language. Brief descriptions of the modules are provided in Table 2.

Table 1

Joint Methods Course Objectives

General Special education teachers should be able to organize, operate, and evaluate special programs for children exhibiting mild, moderate, or severe behavioral and/or learning disabilities.

Specific

1. Identify and use the services of agencies that provide resources and other instructional support services.
2. Analyze complex learning tasks into component parts, arrange sequentially to maximize errorless learning.
3. Write instructional objectives that specify learning outcomes in terms of observable behaviors.
4. Read and interpret psychological and educational test reports on children.
5. Conduct informal educational assessment of children.
6. Use appropriate behavior modification techniques to strengthen academic behaviors and to weaken disruptive or competing behaviors.
7. Organize the classroom environment and write educational programs for individuals and groups of children, specifying the educational structure, tasks, and rewards.
8. Design, implement, and evaluate individualized remedial and/or developmental instructional programs in the basic tool subjects of reading, writing, and arithmetic.

Four alternative information dissemination formats are available to facilitate progression through each training module. Students can either receive the information by viewing videotapes of the lectures, OR attending the lectures and participating in the discussion, OR reading a prepared narrative and selected readings provided by the module leader, OR a combination of all three of the above options as the student believes best fits his needs. As a rule, students cannot proceed into the next module until criterion is met on the content portion of the preceding module. This rule was applied because each new module depends on prerequisite skills from the previous module.

The length of each module ranges from one day to two weeks. Module format varies from joint lecture/discussion sessions to completely independent work in the case of the Resources, Behavior Objectives, and Behavior Modification modules. Where joint lectures are offered these are videotaped for later viewing. In addition, eight of the modules provide written narratives or readings as an option or supplement to lectures. Eight modules also incorporate a project or practicum activity. Student performance in each module is evaluated on a "no-fail" basis. Students have the opportunity to re-do tasks and examinations within each module until the established criterion is met. Students are allowed as much time as they need, within the semester, to complete module tasks.

Points toward students' final grade are assigned to each module on the basis of the amount of material and the tasks included in each. More demanding or time-consuming modules are allotted proportionately more points.

Six modules offer objective pre- and posttests over module content. Students may test out of each of these modules by meeting criterion (90 percent) on the pretest. Students who do not elect to take the pretest, or take it and fail to meet criterion, must attempt to pass the posttest. Two equivalent posttests are available, giving students more than one opportunity to earn the module points. If a student is unable to meet criterion on the second posttest, he is given tutoring by the module instructor

and tested on those module areas with which he had difficulty. In this latter case, no module content points are awarded to the student, but he is credited with having completed the module. All modules must be completed to earn credit for the course. Even though he may fail to earn any content points, the student still can earn project points for that particular module.

Table 2

Description of the Modules

| Module | Topic | Class Session | Narrative | Criterion Tests (Pre- and Post) |
|---|---|---|---|---|
| | Orientation | One individual session | N/A | N/A |
| 1 | Resources | Independent (no planned session) | No | No |
| 2 | Task Analysis | One joint session | Yes | No |
| 3 | Behavioral Objectives | Independent (no planned session) | Yes | Yes |
| 4 | Assessment | Six joint sessions (one individual session) | Yes | Yes |
| 5 | Behavior Modification | One joint pretest session. Two weeks to complete module independently. Daily unit test session. | Yes | Yes |
| 6 | Learning Environment | Three joint sessions. One individual session. | Yes | Yes |
| 7 | Mathematics | Three joint sessions. One individual session. | Yes | Yes |
| 8 | Language | Three joint sessions. | Yes | No |
| 9 | Reading | Seven joint sessions. One individual session. | Yes | Yes |
| | | Total # schedule joint class meetings | | 24 |
| | | Total # open dates for independent class meetings | | 12 |
| | | Total # of class days | | 36 |

There are two forms of classroom instructional sessions used in the JMC. These sessions are (a) Individual meetings for each traditional certification area and (b) Joint meetings of all four certification areas. Individual sessions are used to discuss issues that are believed to be of interest or significance for particular

certification areas. Joint sessions involve all students from all four courses or certification areas meeting under the leadership of an individual who has demonstrated professional competence in the module's topical area.

In cases where a given module does not apply to an individual course section (e.g., reading and math for teachers of the Trainable Mentally Retarded), that section pursues independent work in lieu of participation in the joint module. In addition, time and credit are allotted during the semester for independent modules covering content unique to each course section (e.g., use of prosthetic devices for the orthopedically and neurologically handicapped course section). Opportunity for additional student contact with individual instructors is provided through Individual course section meetings, which follow most Joint modules.

In addition to the four course instructors, three other faculty members from the Department have taken responsibility for leading modules. One faculty member serves as JMC coordinator. Six graduate students from the field of Special Education are available as proctors to answer questions and give additional help when needed. The proctors help strengthen the communication between the professor and students, and are also responsible for grading module pre- and post-examinations and giving immediate feedback to students regarding their progress. The student/proctor ratio is 17 students to one proctor.

The first class session of the semester is an orientation meeting, where students meet with individual section instructors. The rationale, structure and operation of the course are explained, and materials describing the JMC, as well as materials for the first module, are distributed.

Several days before the beginning of a new module, materials pertinent to that module are disseminated. These include a Student Performance Sheet, in which specific module objectives, learning activities, methods of evaluation, and point credits are described, and a module narrative or list of reading assignments. Students wishing to take the module pretest review these materials and take the pretest on the day scheduled (Pre- and posttest sessions are conducted several evenings a week). If the pretest is passed, the student receives credit for the content portion of the module, and is required only to complete the assigned project or task; he is excused from all Joint or Individual sessions.

Should a student fail the pretest or elect not to take it, he may acquire the module content by either attending the joint lecture/discussion sessions, or by reading the module narrative or by doing both. At the same time, he very likely is completing the assigned project or task for that module. Following the joint sessions, he meets with his section instructor to ask questions and clarify points. The student then takes the first posttest at the scheduled time. If he passes, he receives full credit for the content portion of the module. Should he fail, he gets an immediate report from the proctors regarding the specific items he missed. Furthermore, the module instructor is present at the posttest session to answer his questions.

Several days later, the student takes the second posttest, following the same procedure as for the first posttest. If he meets criterion on this posttest he receives partial point credit. If he fails, he receives no content points, but must attend a tutorial session with the module instructor before he is credited with completing that module.

Whether he passes or fails any of the tests, the student also must satisfactorily complete the module task before receiving credit for the module. The content and practicum components of all modules must be completed before a student is eligible to receive credit for the course.

## Evaluation

At the end of each module, students are required to complete a 34-item rating scale before receiving credit for that module. Similarly, a course evaluation form must be completed before a student can receive his final grade. Neither of these instruments requests information that would identify the student in any way. The wording of specific questions and the type of responses required are varied to reduce

the likelihood of response bias. Course proctors check off student names as the evaluation forms are handed in. Each year, student evaluations are reviewed and used as a basis for subsequent course revisions. The following results are based on student evaluations obtained during the Spring, 1974 semester.

Tables 3 through 6 summarize the results of the 91 completed student evaluations of the total course for the Spring 1974 semester. Tables 3, 4, and 5 show student responses to general features of the JMC, while Table 6 presents their end-of-course ratings for each module.

Table 3

Overall Student Evaluation ($\underline{N}$ = 91)

| Item/Response Choice | Strongly Agree | Agree | Neither Agree or Disagree | Disagree | Strongly Disagree |
|---|---|---|---|---|---|
| Course content useful | 60[a] | 32 | 2 | 2 | 3 |
| Assigned readings appropriate and helpful | 46 | 43 | 3 | 4 | 3 |
| Class lectures and discussion boring | 9 | 25 | 30 | 29 | 8 |
| Material presented was thorough and comprehensive | 35 | 42 | 11 | 8 | 4 |
| Instructors' presentations inadequately prepared | 4 | 12 | 19 | 49 | 15 |
| Instructors' presentations failed to adequately cover material | 1 | 8 | 18 | 58 | 15 |
| Instructors presentations stimulating | 3 | 20 | 37 | 30 | 10 |
| Course presentation formats appropriate | 18 | 46 | 19 | 12 | 5 |
| Team teaching helpful | 14 | 42 | 30 | 4 | 10 |
| Number of joint sessions sufficient | 15 | 47 | 23 | 10 | 4 |
| Quality of joint sessions helpful | 9 | 34 | 24 | 25 | 8 |
| Number of individual sessions sufficient | 11 | 35 | 20 | 24 | 10 |
| Quality of individual sessions helpful | 14 | 40 | 13 | 22 | 11 |

[a]Data reported in each column are percentages.

Table 4

Mean Student Ratings of Course Features (1 = highest, 5 = lowest)

| | $\bar{X}$ |
|---|---|
| Team Teaching | 2.3 |
| Number of joint sessions | 2.4 |
| Quality of joint sessions | 2.7 |
| Number of individual sessions | 2.7 |
| Quality of individual sessions | 2.5 |
| Opportunity to "test out" of a module | 1.9 |
| Required texts | 2.6 |
| Other reading assignments | 2.2 |
| Handout materials | 1.8 |
| Films | 2.5 |
| Other audiovisuals | 2.5 |
| Number of joint tasks | 2.7 |
| Quality of joint tasks | 2.5 |
| Pretests | 2.3 |
| Posttests | 2.2 |
| Amount of contact with individual instructor | 3.0 |
| Quality of contract with individual instructor | 2.8 |
| Individual course projects | 2.7 |
| Amount of work | 3.6 |
| Time allotted to complete modules | 2.9 |
| "Modularized" content | 2.2 |
| Student performance sheets | 2.0 |

Table 5

Student Responses to Questions Regarding Course Procedures

| | Yes | No | N.R.[b] |
|---|---|---|---|
| Student performance sheets adequately specified terminal behaviors (objectives) | 80[a] | 19 | 1 |
| List of terminal behaviors helped focus attention on critical skills covered in each module | 85 | 14 | 1 |
| Lecture outlines helpful | 90 | 93 | 1 |
| Too many handouts | 90 | 93 | 3 |
| Greater use should be made of A-V materials | 53 | 44 | 3 |
| Resource materials helpful | 84 | 15 | 1 |
| Arrangement (sequence) of modules appropriate | 78 | 22 | 0 |
| Class sessions too long | 26 | 70 | 3 |
| Course offered at reasonable hour | 58 | 40 | 2 |
| Having different large group instructors advantageous | 81 | 18 | 1 |
| Having different large group instructors destroyed continuity | 21 | 75 | 1 |
| Large group-small group modular approach should be refined and used again next year | 71 | 27 | 1 |
| Methods classes should be taught separately next year | 32 | 66 | 2 |

[a]Data reported in each column are percentages.

[b]No response.

Table 6

Overall Module Ratings

| Module | $\bar{X}$ | Rank |
|---|---|---|
| Resources and Materials | 2.3 | 4.5 |
| Task Analysis | 2.3 | 4.5 |
| Behavioral Objectives | 2.2 | 2.0 |
| Assessment | 2.0 | 1.0 |
| Behavior Modification | 2.9 | 9.0 |
| Learning Environment | 2.3 | 4.5 |
| Mathematics | 2.3 | 4.5 |
| Language | 2.4 | 7.5 |
| Reading | 2.4 | 7.5 |

Student's assessment of the JMC was generally positive. Specific features that apparently were more preferred included course content and materials, readings, resource materials, and handouts, student performance sheets, the variety of alternative instructional formats, the opportunity to test out of a module, and exposure to different instructors. Aspects of the course that were relatively unpopular were the amount of work required, lack of individual contact with instructors, quality of individual sessions, and joint lecture/discussion sessions. The majority of students felt the JMC format should be offered again.

Ratings for each module revealed that the Assessment module was the most popular, whereas Behavior Modification proved the least popular. (An experimental version of the latter module was pilot tested during the semester. It involved significantly more student time and effort than the other modules.) Student ratings generally failed to differentiate among the other modules.

The ultimate validation of CBI in teacher training must occur by measuring teaching behaviors in the field (Shores, Cegelka & Nelson, 1973). However, such long-term follow-up evaluation of skill maintenance and use is difficult to obtain. An alternate, if somewhat less desirable, method of evaluating competence is in terms of student progress in the course. This method, applied to the JMC, indicated that students did indeed master the skills taught. For the Spring 1974 semester, the distribution of grades was as follows: 88 A's; 9 B's; 1 D; 1 E (Failing); and 3 incompletes. One student withdrew from the course.

## Discussion and Conclusions

After four years of operation, the JMC has undergone a number of changes. Chief among these has been the elimination of less essential modules, and refinement of extant Joint modules. Nevertheless, problems continue to appear. In the first place, the work load involved in the course tends toward overwhelming. "Amount of work" was rated as the most disliked feature of the course. Several students remarked that the course required more work during the semester than all other courses combined. Instructor and proctors were similarly affected; testing, retesting, monitoring student progress, video taping, and evaluating tasks have posed significant, time-consuming, administrative and managerial problems.

Second, student contact with their individual section professor has been inadequate. As a consequence, students have expressed feelings of alienation and of receiving impersonal treatment. A good portion of instructional time in individual meetings has been spent explaining Joint module content and assignments with proportionately less time available for discussion and application of Joint module content to specific certification areas.

A further reduction in the number of Joint modules has been proposed, which would result in a proportionate increase in individual sessions. This revision would have the dual effect of reducing the overall work load and increasing the amount of student/instructor contact. Which Joint modules would be eliminated has yet to be determined, but it is likely that the selection will be from among those not applicable to all certification areas (e.g., Mathematics). Narratives and other materials for these modules still could be used by individual professors.

Third, students have expressed moderate dissatisfaction with Joint lecture/discussion sessions. Further refinement of module narratives should obviate the need for lectures entirely. As an alternative strategy, module leaders can lead discussion groups, or develop simulations, demonstrations, etc. which illustrate the application of module content and concepts. A fundamental characteristic of CBI is the provision of alternate learning activities (Nagel & Richman, 1972). The provision of well-developed module narratives and clearly specified objectives would permit instructors to explore various learning alternatives in greater depth.

Fourth, although students are reasonably free to schedule their efforts throughout the semester, still they have been expected to complete the course in four months, and must take tests over module content at scheduled times. This is in opposition to another characteristic of CBI: the criterion level for achievement is held constant, but students may complete modules at their own pace, (Nagel & Richman, 1972). It is anticipated that ultimately, all Joint modules will be completely independent and self-contained. In this event, "methods" content could be distributed throughout a student's training program rather than lumped into a single semester. During the Spring, 1974 semester, an experimental, self-contained version of the Behavior Modification module was tested (Moyer, 1974). This module was severely criticized by students; however, it was not entirely self-paced, in that students had only two weeks to complete the module, and it was scheduled at the same time as mid-term exams, which added to student's pressures. Nevertheless, the content of this module was perceived as useful by the majority of students.

Finally, the determination of competencies included in the JMC has been made by the instructors. While this method offers advantages, it is less valid than more empirical approaches (Shores, Cegelka, & Nelson, 1973). The Department has recruited a Field Advisory Committee, one of the functions of which might be to generate and/or review competency statements. Periodic review and revision of training program competencies is a vital component of CBI, lest the program lose it's accountability to the educational system that is the consumer of it's products.

And, if any single feature has characterized the JMC over the past four years, it is change. The most certain prediction that can be made regarding it's future is that it will continue to evolve. Hopefully, with this evolution will come increasing sophistication relevance, and, most important of all, more competent special education teachers.

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# Multi-Media Utilization in Teacher Training in Special Education

by

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The initial survey or introductory course in special education presents numerous challenges to the instructor. In addition to basic facts and trends for each type of handicapped population, the instructor must work to effect the development of, or change in, students' attitudes so that an optimal professional motivation and personal comfort level with handicapped persons is nurtured. Using traditional methods, it is difficult to accomplish these complex cognitive and affective goals within a quarter or semester; however, multi-media presentations have been found to be efficient and effective tools in facilitating the gain of such goals.

## Preparation

The multi-media presentations demonstrated at TECBD were designed to meet the goals as stated above. Initially, slides were collected from various programs for handicapped children. When possible, slides were used from classrooms, institutions, etc. where picture release forms had been signed by the child's parent or guardian. An effort was made to exclude pictures of any child, facility, or program who/which might have objections or policies against being included. Due to the large number of slides required, the diverse sources, and date of some slides, it was impossible to be certain that there was clearance for inclusion of each slide; therefore, no child, facility, or program is identified in the presentations. An effort was made to represent all children, facilities and programs as potential samples of populations and not to single them out as positive or negative examples. Since four brief presentations were desired, slides were sorted by content into intellectually handicapping conditions, physically handicapping conditions, sensory handicaps, and learning/behavior problems. After representative slides were complete for an area they were story-boarded and a dialogue was written. In these presentations the narrative and the slides are not pegged, rather the pictures are used to carry out the feeling-tones of the narrative. In order to use a tri-screen format, the slides were ordered, interspersed with color plates for relief, and placed in appropriate carrousels -- left, mid-left, mid-right, or right. A central dissolve unit was used; therefore, four projectors were required even though only three images were desired.

Preparation of the tape was the next step. An 8-track unit was used since 3 tracks were required--voice, music, and impulse. A diq-a-cue was used to record an impulse track, thereby removing required manual control of the projectors. The second tape track was used to record the narrative. It was recorded so as to syncronize with the impulses. Lastly, previously selected background music was recorded on another channel of the tape.

## Uses

The four multi-media presentations are available for use in all classes in special education and have been used as special presentations in various classes in related areas of education, health and recreation, allied health, psychology, and architecture. When a presentation is made as an overview the material is used in its entirety. Usually a question and answer session follows, and when time permits, the presentation is repeated.

When used in the introduction to special education class, the procedure described above is used initially. Since a large volume of information is presented, some groups

have requested that they see the entire presentation three times. When the instructor feels the students have a grasp of the materials, the volume is turned off and the details are discussed. As the group watches the slides again, the instructor is free to stop the presentation, when required, to call attention to specific components. In this way the presentation can be used to meet specific goals of the instructor in addition to the more global goals previously discussed.

Major Problems

The use of multi-media presentations has been successful in helping to develop and/or change attitudes and impart information to various students and community groups; however, the following problems have lessened the effectiveness of the presentation:

1. Since eight pieces of electronic equipment are required, it is a frequent problem that one piece is broken or has been borrowed, etc. thus rendering the entire presentation inoperable.
2. The equipment is bulky and the presentations require certain conditions for presentation (e.g., large screen, proper distance and angle, etc.) which almost prohibit using them with community groups, etc. who cannot meet in an area designed for multi-media presentations.
3. The cost and need for professional services is high. In order to get high quality visual and audio components many specialists are involved.
4. Some students have complained of stimulus overload. They have difficulty with selectively attending even after being instructed to look and listen for general feelings and information the first and possibly the second time the presentation is made.
5. Storage space is of essence. If the carrousels are left out there is a high chance that environmental and/or human interference will impede the potential quality of the presentation.
6. Many hours were required to identify appropriate background music. The music must be appealing and appropriate in conveyed mood and beat, yet not distracting from (e.g., popular melody) or competitive with the narrative.

   Recordings by the following artists have been used successfully with special education multi-media programs developed at the University of Florida:

   1. Herbie Mann
   2. Ian Anderson
   3. Paul Mauriat
   4. Burt Bacarach
   5. Henry Mancini
   6. Ferrante and Teicher

   Sound tracks from the various James Bond films have been useful also.

# Divorced Mothers and Their Children: Basic Concerns

by

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The purpose of this research was to determine the basic concerns of divorced mothers and their children. Approximately 14,500,000 American children under 18 are living in one-parent homes; the great majority of these children are being reared by divorced mothers. There is a total absence of research on this type of family unit. Research on divorce itself has traditionally been directed toward (a) discovering the causes of divorce, (b) discovering effective means of prevention of divorce, (c) discovering effects of absence of the father upon the socialization of children, or (d) crisis intervention at the time of the divorce. There is no body of research which deals with the one-parent family as a natural group and which seeks to understand which of the variables pertinent to smooth and healthy functioning of intact families also apply to one-parent families.

A sample of 20 mothers with one or more children between the ages of 6 and 18 was drawn from the files of the Travis County, Texas, Domestic Relations Office, and randomly, from a list of members and former members of the Travis County, Texas, Chapter of Parents Without Partners. Five separate structured interview schedules were prepared, field tested, and revised by the author for use in interviewing the 55 subjects (20 mothers, 35 children). Six major categories of interest were defined for mothers and six for children. Four categories were identical for both groups: School, Church and Community, Peers, and Self. For mothers only, Home Management and Children were areas of interest. Children only were asked about Attitude Toward Father and Attitude Toward Mother.

Category I - School. Both mothers and children saw the schools in a predominately positive light; 55% of mothers saw a change in attitude of school staff which they described as supportive, while 86% of the children said that they were treated "the same as children whose parents were married."

Category II - Church and Community. Exactly half of the mothers said that they felt accepted at church; 90% of the sample were active members of a church. Ninety-one percent of children said they were "treated no differently" at Sunday School.

Most frequently suggested targets for legislation (by mothers only) were greater ease in obtaining credit, improvement in tax laws, enforcement of child support payments. One hundred percent of mothers recommended that mental health services be made available to divorcing or divorced families. In 70% of the families, one or more members had had counseling. Of these, 79% of mothers were satisfied with services; 21% were critical.

Category III - Peers. For mothers, the study examined "Neighborhood" and "Social Life." Eighty percent of mothers felt accepted in the neighborhood. Fifty percent stated that their social life included only other single parents; 15% saw more of married couples; 15% saw an equal amount of both groups. Children responded to questions about their peers' attitude in terms of whether or not the parents' divorce was discussed. Sixty-six percent said "no" and 34% "yes."

Results are reported separately for mothers and children for Categories IV, V, and VI. For mothers only, they were as follows:

Category IV - Self. Work, Social Life, Attitude Toward Divorce, and Attitude Toward Extra Responsibilities were the aspects of self chosen for investigation. Results were complex and can only be touched upon here. Work--though satisfied with jobs, 70% favored vocational counseling. Social Life--the trend was to mix with other singles only; 20% has no social life in a group sense. Eighty-five percent said their Attitude Toward Divorce shifted from negative to positive after their own divorce. Eighty percent said they date; 45% said their children favored their re-marriage. Seventy-five percent said they felt some resentment of Extra Responsibilities.

Category V - Home Management. Sixty percent reported little change in household routine or division of labor; 40% said children did more. Forty percent had trouble with credit; 40% said they were "good managers;" 34% favored financial counseling for recently divorced mothers.

Category VI - Children. Eighty-five percent saw advantages for their children in terms of understanding of life and people as a result of the divorce; 75% would have predicted unsatisfactory emotional development for their children had they remained married. Sixty-four percent of mothers of daughters and 70% of mothers of sons saw no problem with the child's sex-role identification.

Results for children for the first three categories did not show age differences. The only clear-cut age difference which emerged for the latter three categories was for Group B (6, 7, 8, 9). This group expressed a great sense of loss and was clearly more affected than the older children.

A model for normal functioning of single parent families headed by divorced mothers was presented to be used as a diagnostic tool and as a teaching device.

Specific Learning Disability?

by

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Numerous states have or will soon have mandatory legislation requiring that school districts provide special educational services to children with specific learning disabilities. Unfortunately, most school personnel are uncertain as to how a child with a specific learning disability differs from one with other learning problems. If this confusion is to be reduced, the issue of differentiating these two populations must receive considerable attention.

The purpose of this study was to compare the behavioral characteristics of children from these two populations as perceived by their regular classroom teacher. Specifically, this study attempted to (a) compare mean teacher's ratings on each behavioral characteristic for children in these target populations; (b) determine the factorial structure of teacher ratings of problem behavior of these children; and (c) compare the mean factor scores for children with different types of learning disabilities and learning problems.

## Method

### Subjects

Subjects were 534 children, 383 boys and 151 girls enrolled in a remediation program involving regular class placement plus individual or small group treatment by learning disability (L.D.) resource room teachers. Chronological ages ranged from 6-4 to 14-0 with a mean of 9.34 (SD= 1.99).

### Procedure

Twenty-seven L.D. resource room teachers serving 28 schools in an urban school district in Arizona were asked to identify (a) those children they worked with who had been diagnosed as having learning disabilities due to "specific central information processing dysfunction," and (b) those children they worked with who had learning problems, but did not, in their opinion, have learning disabilities. If the child was diagnosed as a learning disability, the L.D. teachers were asked to indicate the types of specific deficits the child manifested, i.e., visual-motor deficits (N=116), auditory-vocal deficits (N=107), or a combination of both (N=121). If the child was referred as a learning problem, the resource teachers were asked to indicate the primary cause of the problem as they perceived it, i.e., intellectual retardation (N=86), emotional disturbance (N=59), environmental disadvantage (N=16), or motivation (N=29).

The regular classroom teachers, without knowledge of whether the children had been referred as learning problems or learning disabilities, were then asked to rate the children in their respective classes on the Problem Behavior Checklist (Quay & Peterson, 1967). Two hundred and eighty seven regular classroom teachers provided the ratings used in this study.

## Statistical Analysis

One way analysis of variance were used to compare the 55 individual item ratings on the Problem Behavior Checklist for the combined learning problem group (N=190) and the combined learning disability group (N=344).

Intercorrelations of the items on the checklist were subjected to a factor analysis using Guffman's image analysis as programmed in the SPSS package (Nie & Hull, 1973). Image analysis is the preferred procedure for factor analysis of test items since only the common variance is analyzed (Veldman, 1967; p. 219). A varimax rotation of the factors with eigen values greater than unity was then performed. However, only the first four factors had loadings greater than .40 on more than three items. These four factors together accounted for 72% of the common variance.

Modified factor scores were computed by using equal weightings for each of the items which loaded significantly on a factor. The factor scores for the seven groups were analyzed by one-way analyses of variance. Where significant F values were found, a multiple range test (Student-Newman-Keuls) was used to determine which group means differed significantly.

## Results

One way analysis of variance for each of the 55 items comparing the teacher's ratings of the combined L.D. group with the combined learning problem group revealed that children in the learning problem group were rated to have significantly greater problems than the L.D. group related to dislike for school, fighting, temper tantrums and truancy from school, and were perceived to be significantly more disruptive, boisterous, jealous over attention paid to others, hypersensitive, lazy in school tasks, irresponsible, disobedient, depressed, uncooperative in group situations, distractible, destructive of property, negative and nervous ($p < .05$). The only item on which the learning disability group was rated to be significantly higher than the learning problem group was "clumsiness, awkwardness, poor muscular coordination" ($p < .05$).

Factor 1, which accounted for 34% of the common variance, was composed of 16 items: (1) bizarre behavior, (2) restlessness, (3) attention seeking behavior, (8) disruptiveness, (11) boisterousness, (17) jealousy over attention paid to another child, (25) fighting, (27) temper tantrums, (38) disobedience, (40) uncooperative in group situations, (44) hyperactive, (46) destructiveness of property, (47) negativism, (48) impertinence, (51) profane language, and (53) hot-tempered, easily aroused to anger.

Factor 2, which accounted for 14% of the common variance, was composed of seven items: (13) preoccupied, in a world of his own, (20) short attention span, (22) inattentive to what others say, (31) laziness in school, (33) irresponsible, (34) excessive daydreaming, (45) distractibility.

Factor 3, which accounted for ten percent of the common variance, was composed of six items: (6) self-consciousness, (9) feelings of inferiority, (14) shyness, (21) lack of self-confidence, (23) easily flustered and confused, (30) hypersensitivity.

Factor 4, which accounted for 14 percent of the common variance, was composed of eight items: (5) doesn't know how to have fun, (7) fixed expression, (15) social withdrawal, (28) secretiveness, (39) chronic sadness, (41) aloofness, (49) sluggishness, and (50) drowsiness.

The mean factor scores for the seven groups are presented on Table 1.

TABLE 1

Mean Factor Scores for Learning Disability (L.D.) and Learning Problems (L.P.) Children

| | | FACTORS | | | |
|---|---|---|---|---|---|
| | | I | II | III | IV |
| G.I | (L.D. - Vis.Motor Def.) | 6.61 | 5.96 | 4.16 | 2.04 |
| G.II | (L.D. - Aud.Voc. Def.) | 5.79 | 6.14 | 4.17 | 2.13 |
| G.III | (L.D. - Comb. Def.) | 5.60 | 5.90 | 4.17 | 2.41 |
| G.IV | (L.P. - Emot. Dist.) | 11.27 | 7.86 | 4.66 | 2.92 |
| G.V | (L.P. - Slow Learners) | 5.80 | 6.37 | 5.08 | 2.72 |
| G.VI | (L.P. - Motivation Prob.) | 8.90 | 7.62 | 4.38 | 2.72 |
| G.VII | (L.P. - Cult. Disadv.) | 4.37 | 6.00 | 3.50 | 1.69 |
| | $F^{6}_{527}$ = | 5.70 | 2.49 | n.s. | n.s. |
| | | p .001 | p .05 | | |

One-way analysis of variance were computed to determine the probability that differences in factor scores between groups occurred by chance. The analysis of variance computed to compare the seven groups on Factor I produced a significant F value of 5.70 (p .001). The group means of the seven groups on Factor I were then subjected to a multiple range test (Student-Newman-Keuls) which indicated the learning problem-emotionally disturbed group (G-II) differed significantly (p .05) from all other groups except the learning problem-motivation group (G-VI). None of the other groups differed significantly from each other.

The analysis of variance computed to compare the seven groups on Factor II produced a significant F value of 2.49 (p .05). The multiple range test on Factor II indicated that the learning problem-emotionally disturbed group differed significantly from the L.D. visual-motor deficit group and the L.D. combined deficit group. None of the other groups differed significantly from each other. The analyses of variance computed to compare the seven groups on Factor III and IV produced non-significant F values.

## Discussion

The children in the learning problem (L.P.) group were perceived by their regular classroom teachers to have more severe problems than children in the learning disability (L.D.) group on 17 of the 55 items on the Behavior Problem Checklist; conversely, children in the L.D. group were perceived to have more severe problems than children in the L.P. group on only one item: "clumsiness." It is interesting that "distractibility," which is often considered to be a characteristic of children with L.D., was perceived to be a greater problem among children in the learning problem group.

The intercorrelation of the teacher's ratings produced factors similar in some respects to those previously reported by Quay and Peterson (1967). Factor I had 15 items in common with Quay and Peterson's Conduct Problem (Unsocialized Aggressive)

factor; Factor II had four items in common with their inadequacy-immaturity dimension; Factors III and IV in combination had ten items in common with their Personality Problem (Neurotic-Disturbed) Factor.

The comparison of the three types of L.D. children and the four types of learning problem children revealed that most of the differences found between L.D. and L.P. children could be attributed to the L.P. - emotionally disturbed children. This group of children differed most markedly from the other groups on Factor I; however, they also differed significantly from the L.D. visual-motor deficit group and the L.D. combined deficit group on Factor II. Factors III and IV, which correspond considerably with Quay and Peterson's Personality Problem (Neurotic Disturbed) dimension, did not differentiate among the groups as they might be expected. One way analyses of variance indicated that the only items from Factors III and IV which significantly differentiated between L.D. and L.P. children were depression and hypersensitivity.

The conception that learning disability children would be more hyperactive, have a shorter attention span, or be more distractible than non-learning disability children with learning problems was not confirmed. This may reflect confusion on the part of learning disability teachers as to what constitutes a learning disability, or it may be that learning disability children simply do not differ from non-L.D. children with learning problems on these characteristics.

It should be noted that the Behavior Problem Checklist was constructed from a list of symptoms obtained from case histories of children with emotional problems. This may account for why the Behavior Problem Checklist appears to identify the children with emotional-behavioral problems more efficiently than it identifies children with learning disabilities. It may be appropriate to construct a checklist from a list of symptoms obtained from case histories of children with learning disabilities and use it in turn to determine if observable classroom behaviors other than "clumsiness" can be identified as being characteristic of L.D. children.

Nevertheless, this investigation provides evidence to suggest that L.P. children are perceived by the regular classroom teacher to differ significantly from L.D. children on at least two dimensions.

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# The Effects of Delaying Consequences on the Learning of Emotionally Disturbed Children

by

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The major purpose of this investigation was to assess the impact of three conditions of delayed consequence as they interacted with two types of feedback on the learning of emotionally disturbed children. The three conditions of delay studied were (a) delays of 10"-45", (b) 15', and (c) 3-hours. The three delay conditions were examined under two types of feedback consequence. The six conditions were applied during a two week period of time.

The two types of feedback consequence studied were (a) discriminative cue sheets attendant at consequation, and (b) discriminative cue sheets absent at consequation. The discriminative learning task consisted of 48 unique geometric figures which were randomly grouped into 24 pairs. Six sets of four pairs each were randomly assigned to each child participating in the investigation for each of the six conditions. Each discriminative cue sheet contained two geometric figures, the positions of which were randomly assigned. The child's task consisted of learning which of the two geometric figures was correct on each discriminative cue sheet.

The influence of the six conditions of the learning of emotionally disturbed children was studied as it effected the (a) log rates of correct responding, (b) the number of correct responses, (c) response times, and (d) celeration ratios. Statistical analysis of the aforementioned dependent variables demonstrated that the presentation of the discriminative cue sheets at consequation did appear to enhance the number of correct responses, and conceivably the log rates of correct responding. Delaying the presentation of the consequence feedback 15' or 3-hours did not effect the learning of the emotionally disturbed children participating in this study. However, some of the significant second order interactions containing the delay term of the statistical model indicated that there may be some subtle distinguishing effects exerted by various combinations of delay and feedback consequence. These combinations may accelerate the log rates of responding or heighten the number of correct responses realized. With respect to response times, neither the feedback consequence nor the delay conditions effected the time required to respond to the sets of discriminative cue sheets.

The effects as measured by the celeration ratios indicated that neither feedback consequence nor the three conditions of delay had any perceptible influence on the rates of learning. Furthermore, no single combinations of feedback consequence and delays emerged which influenced the rates of correct responding.

Several implications emanate from this research which deal with response measurement and reward systems. Related studies (Brown, 1973; Sluyter & Hawkins, 1971; Schwartz & Hawkins, 1970) have provided evidence suggesting that the presence of certain learner produced cues, after extended periods of delay, rivaled or equaled the gains of learning produced under conditions of immediate reward and feedback. This investigation affirms the concept that regardless of the delay involved between task completion and task feedback with reward, learning is enhanced when the product of the learner is returned for personal examination at the time of consequation.

In order to encourage initial responding to a prescribed task, it is often desirable to arrange a contingency system which is designed to provide continuous and immediate consequences. Although immediate reinforcement is sometimes necessary, teachers should be alert for behavioral indicators which suggest that a learner is

ready for a reward system which is not only less demanding of the teacher, but one which more nearly approximates the contingency schedules existing in most educational settings.

Furthermore, the results of this investigation connote that the learning of the emotionally disturbed children was not significantly effected by any of the delay conditions. It appears then that some emotionally disturbed children learn as efficiently under delayed conditions of reward and feedback as under immediate feedback reward conditions. In conclusion, the results of the present investigation reaffirm the notion that each child is unique and will respond differently to the demands of any response measurement and reward system.

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# The Effects of Teachers' Styles on Child Behavior

by

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The title of this paper is somewhat misleading in that it presumes a generic relationship between teaching style and child behavior - which is not the case. Therefore, a title with more specificity is: "The effects of direct and indirect teaching styles on selected cognitive and affective dimensions of intermediate school-aged children functioning on high and low levels of social-emotional development."

Before reporting this current research, it is appropriate to take a step back in time and selectively summarize a previous research effort. In 1969, a doctoral dissertation (Rich, 1969) was approved which was a process type investigation, dealing with the social-emotional climate in a class of disturbed children. The primary focus of the investigation was on interaction patterns, their frequency and quality, between and among the children and their teachers. The research had a bias in favor of indirect or nondirective teaching styles and a great percentage of the hypotheses predicted significant differences in favor of such teaching styles, as opposed to the more direct or controlling teaching styles. In the final analysis there were relatively few significant differences between the two teaching styles.

A post hoc analysis of the data was completed to determine what patterns, if any, existed in the data. The post hoc analysis was revealing; there was a pattern that had not been predicted nor accounted for in the hypotheses or in the research design. In essence the pattern revealed behavioral differences between sub-groups of disturbed children and teaching style. Half of the children in the total sample were classified as active, aggressive, conduct problems; the remainder were classified as passive, withdrawn, and immature.

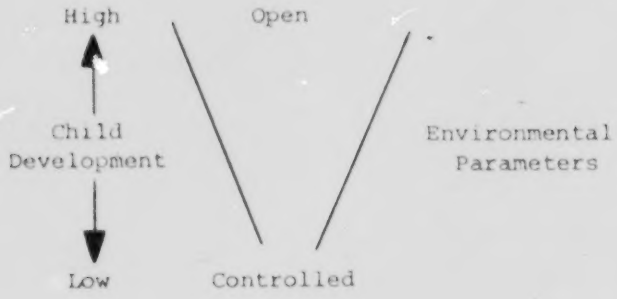
A comparison of the performance of these two subgroups with direct and indirect teaching styles revealed significant differences. The active subgroup demonstrated more nurturance and task orientation, and less dominance when instructed by indirect teachers; the passive subgroup demonstrated a similar pattern but with direct teachers. Therefore, the post hoc analysis supported the position that children with differential behavioral patterns responded to direct and indirect teachers with consistent, but dissimilar results.

The literature available to provide either a theory, model, or substantiation of this conclusion was limited. There is a wealth of literature documenting singular, unilateral teaching approaches or styles, as well as, teaching or intervention strategies, such as, behavior modification and the inquiry method.

Theoretical constructs utilizing a time or change progression or developmental sequence were more difficult to secure. There was literature reporting efforts to bring consistency between teacher style and child development, but the emphasis was to alter the teaching style and not use the more characteristic, naturalistic style of the individual teacher.

The theoreticians and researchers most heavily relied upon for the construct development of this research were Erikson (1968); Flanders (1965); Piaget (1928); and, more specifically, Hunt (1966). In sum, these writers indicate that there is an age-graded, or developmental pattern that correlates with goal attainment and environmental parameters. In short, that the younger, less developed children tend to function more effectively, in terms of social-educational expectations, in environments with more controlled or directed learning environments; while older, more highly developed children tend to be more effective within open or indirect environments.

Developmental - Control Model




Using this model, it was necessary to test the relationship between levels of child development and degree of control exercised by the environment. In other words, to "match" the child and his educational environment. For the purpose of this research, the educational environment was defined by direct and indirect teaching styles.

The population sample was to be as naturalistic as possible, yet manipulated to the extent that the major contaminating factors could be controlled. In addition, the previous research dealt with a negatively labeled group of children, specifically "disturbed." In light of current trends, particularly mainstreaming, research directed toward regular education, focusing on children who represented extremes within the classroom, was considered preferable.

To achieve this end the research was designed to study intermediate elementary grades, including both teachers and pupils who were regularly assigned to each other. However, both population samples were polarized; i.e., extremes in both teaching style and development.

After a period of observer training, the Flanders Interaction Analysis was completed, on two different occasions, for 63 volunteer teachers. The 10 most direct and the 10 most indirect were selected to participate in the study. None of the selected teachers fell in the mid-range of the Flanders (i.e., between .40 and .60). Repeated measures during the data collection period revealed a slight drift toward the mean, but all teachers maintained their direct or indirect style.

Social-emotional development was defined by and based upon five (5) measures. Each pupil in the classes of the 20 teachers, nearly 600 total, was ranked by teachers and observers on independence and leadership. Each pupil completed a sociometric form; an incomplete sentence form taping internal-external control; and a pupil-teacher profile indicating teacher independence-dependence.

The pupils were polarized in a manner similar to that of the teachers. From each classroom, four to six pupils who were consistently high or consistently low on all five measures were selected to participate. The four to six pupils represented a reading instructional group to be conducted by their regular teacher for 30 minutes per day for a period of 20 school days.

Half of the teachers and pupil groups were matched (i.e., according to the model, indirect teachers and pupils high in social-emotional development and direct teachers with pupils low in social-emotional development). The remaining half were mismatched (i.e., direct teachers with high pupils and indirect teachers with low pupils).

Teacher-Pupil Assignments

| Social-Emotional Development | Teachers: Direct (N=10) | Teachers: Indirect (N=10) |
|---|---|---|
| High (n=46) | N=5<br>n=23 | N=5<br>n=23 |
| Low (n=48) | N=5<br>n=25 | N=5<br>n=23 |

Note: 25 pupils were planned for each cell but attrition and an insufficient number of developmentally compatible pupils reduced the number in three of the cells.

To insure equity across groups, a singular stimulus was adopted. After consultation with teachers a reading series entitled Reading for Concepts, by William Liddle (Webster Division of McGraw-Hill), was selected. The three basic reasons for the adoption of this series were: a) the brevity of the individual stories, making it possible to cover the daily material in the 30 minute time allocation; b) the differential grade-reading level availability (1.6 to 6.7) to match the individual pupil's reading level; and c) the series of taxonomy oriented questions following each story (i.e., requiring recall, application, and conclusions). There were no differences between matched and mismatched group I.Q. scores; mean scores were 100.9 and 101, respectively.

Three dependent variables were tested: a) pupil achievement; b) time at attention to task; and c) affective perception of the reading setting. The null hypotheses stated that there would be no significant interaction effects for any of the three variables. Neither the participants of the observers had any knowledge of the design or predicted effects. Both paper-and-pencil and observation data were collected using an adaptation of the "Equivalent Time Samples Design" discussed by Campbell and Stanley (1963). Consistent with the hypotheses, a 2 X 2, Fixed-Effects Model, Analysis of Variance (ANOVA), was employed.

The interaction effects were significant for all three dependent variables: a) achievement, .01; b) time at attention to task, .05; and c) affective perception, .01. Further, the interaction effects were significant in facot of the matched cells. All main effects were non-significant as were Independent t-tests comparing individual matched cells and individual mismatched cells. Based upon this data, it is concluded

Pupil Group Mean Percentages (N = 20)

| Dependent Variable | Matched | | Mismatched | | ANOVA | |
|---|---|---|---|---|---|---|
| | Indirect -High | Direct -Low | Indirect -Low | Direct -High | F | P |
| Achievement | 85.6 | 81.4 | 77.2 | 74.8 | 8.59 | .01 |
| Time at Task | 94.9 | 93.2 | 90.3 | 88.0 | 5.79 | .05 |
| Affective perception | 89.7 | 90.1 | 78.2 | 83.2 | 12.85 | .01 |

that there is efficacy in matching teachers and pupils in order to increase the cognitive efficiency and positive affect of pupils.

There are numerous implications and recommendations for educational placement and teacher training. First, for disturbed children, the educational system could reduce the numbers of children referred and filter children back into the mainstream if a more conscious effort were made to provide educational environments compatible with the child's developmental status. Second, for teacher training, the characteristic style of teacher candidates should be utilized rather than altered. Therefore, awareness and feedback regarding one's characteristic style and its effects upon children should be the subject of consideration. Third, for all children in education programs, it is their human right to expect and receive the kinds of teachers that will assist them in developing their maximum potential.

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# Teacher-Pupil Behavior In Classes For The Emotionally Disturbed: An Observational Analysis and Intervention

by

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Public schools have been required to provide educational programs for emotionally handicapped youth. Special class and resource programs have met the needs of many of these children. Morse, Cutler, and Fink (1964) studied many of these classes and found a variety of teaching strategies. While commonalities of behavior and methodology were found to exist, wide disparity was also noted (Morse, et al.). A common problem in comparative educational strategies for emotionally disturbed children has been the lack of data in regard to how (and how much) time is utilized by students and teachers in various activities and behaviors while in the classroom. Fink (1970) developed an interaction analysis system for observation of teacher-pupil behavior in classrooms for the emotionally disturbed. This system based on the psychoeducational model provides for continuous recording of interaction (verbal and non-verbal) between both student and teacher. Such an observation system provides a tool for research regarding the specific management practices of the specialist in behavioral disorders. Comparisons of teacher-pupil interactions in B.D. classrooms may help to identify critical variables of teacher behavior that contribute to effective educational strategies for the behaviorally disordered child. The purpose of this study was to observe teacher and pupil behavior in six classroom settings for the emotionally disturbed and to record the typical behavior presented there. In addition, attempts were made to effect positive change in those classrooms.

## Procedures

Six students in a graduate class for behavioral disorders conducted observational studies in classes for the emotionally disturbed. These studies were in public elementary schools in either self-contained classes or resource programs. The task of the investigators was to observe and record behavior exhibited, the teacher and pupils. After this information was obtained, the investigators attempted to effect a positive change in the classroom behaviors of the children or teacher.

Data was collected by interval recording procedures. Experimenters alternated between observing the teachers' behavior and the behavior of the children. Twenty minutes of teacher observation was followed by twenty minutes of student observation until a total of eighty minutes of observation was recorded on both teacher and students. The experimenter would observe 10 seconds and record observed behavior for 5 seconds. This amounted to approximately 320 intervals of observation each for the teacher and students during baseline. Interobserver reliability tests were conducted and computed by dividing the number of agreements by the total number of agreements and disagreements, and multiplying by 100. Reliability coefficients greater than .85 were obtained. The scale used to measure the teacher's behavior contained the following nine items and was coded as shown in Table 1.

Positive academic instruction includes positive and praising comments from the teacher concerning academic instruction such as, "I like the way you are doing your work." Negative academic instruction refers to critical comments such as, "You must hurry up and do your work or you'll be sorry." Neutral academic instruction means straight-forward instructions such as, "Let's all get out our books."

Administrative duties include taking up lunch money, getting out materials and other actions not directly related to the children.

Table 1

| Teacher Behavior Rating Scale | Experimenter's Code |
|---|---|
| I. Academic Instruction | |
| a. positive | A+ |
| b. negative | A- |
| c. neutral | AO |
| II. Administrative Duties | AD |
| III. Management Techniques | |
| a. verbal | |
| 1. approve | V+ |
| 2. disapprove | V- |
| 3. ignore | VO |
| b. physical contact | |
| 1. positive | P+ |
| 2. negative | P- |

Management techniques are divided into two categories, verbal and physical. Verbal management techniques which were approving include comments such as, "I like the way you are working quietly." Disapproving verbal management techniques referred to comments such as, "You better get quiet!" The category labeled ignore means the teacher did not attend to inappropriate behavior.

The category of physical contact refers to the teacher touching the child. Positive physical contact includes pating the child on the back, or touching him in some approving way. Negative physical contact implies pushing a child or hitting him. There was a minimum of physical management of either type.

The behavioral dimensions of student behavior contained eight items and was coded as shown in Table 2.

Table 2

| Children's Behavior Rating Scale | Experimenter's Code |
|---|---|
| I. Appropriate | |
| a. task | |
| 1. verbal | ATV |
| 2. motoric | ATM |
| b. non-task | |
| 1. verbal | ANV |
| 2. motoric | ANM |
| II. Inappropriate | |
| a. teacher-directed | |
| 1. verbal | ITV |
| 2. motoric | ITM |
| b. other-directed | |
| 1. verbal | IOV |
| 2. motoric | IOM |

Appropriate behavior while working on a task could be responding to a question (verbal), working on a written assignment, or working manually on an assignment.

Appropriate non-task behavior that is verbal could include asking permission or talking with others during free time. Appropriate non-task motoric behavior includes such activities as play and walking to the water fountain or bathroom.

Inappropriate teacher-directed verbal behavior includes verbally abusing the teacher. Inappropriate teacher-directed motoric behavior includes hitting the teacher or running from her.

Inappropriate other-directed verbal behavior refers to talking, singing, crying, or yelling out loud. Inappropriate other-directed motoric behavior includes hitting, running out of the room, and banging objects.

Table 3

Mean Percent of Occurrence

| | Teacher Behavior | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | $S_1$ | $S_2$ | $S_3$ | $S_4$ | $S_5$ | $S_6$ | Grand Mean | Range |
| Academic Instruction | | | | | | | | |
| Positive | 3 | 11.49 | 15.33 | 37 | 19.5 | 10 | 16 | 3-37 |
| Negative | .5 | 2.29 | 1.33 | 6 | 0 | 5 | 2.5 | .5-5 |
| Neutral | 85 | 17.19 | 31.00 | 15 | 34 | 45 | 38 | 15-85 |
| Verbal Management | | | | | | | | |
| Approval | 14 | 1.29 | 2.33 | 5 | 15.3 | 11 | 8 | 1.3-15.3 |
| Disapproval | 22.5 | 4.50 | 2.67 | 13 | 9.4 | 18 | 11.8 | 2.6-18 |
| Ignoring | 1.5 | 22.70 | .83 | 3 | 2.8 | 1 | 5.5 | .83-22.7 |
| Physical Contact | | | | | | | | |
| Positive | 14.5 | 0 | 0 | 1 | 4.7 | 0 | 3.5 | 0-14.5 |
| Negative | 1 | .09 | 0 | 1 | 5.9 | 0 | 1.01 | 0-5.9 |
| Administrative Duties | 39.5 | 40.44 | 27.33 | 19 | 9.4 | 10 | 24.1 | 9.4-40.4 |

Results

Tables 3 and 4 indicate the mean percent of occurence of teacher and student behavior categories both within individual classrooms and mean percent of occurence for the six classrooms. As can be noted from the table, teacher behaviors showed considerable variability between classrooms.

The greater percentage (38%) of teacher behavior during the baseline phase was neutral academic instruction. Administrative duties was scored in 24% of the intervals, while positive academic instruction was the third most frequently occuring behavior. Verbal disapproval was the fourth most frequent teacher behavior.

Student behaviors were also characterized by considerable variability, with appropriate motoric behavior comprising the most frequently scored behavior (39.1%).

Task appropriate verbal behavior was the second most frequent behavior. Note that approximately twice as much inappropriate behavior occurred between students as compared to inappropriate teacher directed behavior. Student appropriate task behaviors correspond closely with Fink's (1972) observation results of student task and verbal interaction categories.

Table 4

Mean Percent of Occurrence

| | Student Behavior | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | $S_1$ | $S_2$ | $S_3$ | $S_4$ | $S_5$ | $S_6$ | Grand Mean | Range |
| Appropriate Task Behavior | | | | | | | | |
| Verbal | 42.5 | 9.28 | 25.5 | 13 | 39.6 | 19 | 25.6 | 9-43 |
| Motoric | 85.0 | 53.80 | 58.6 | 14 | 7.9 | 15 | 39.1 | 14-85 |
| Appropriate Non-Task Behavior | | | | | | | | |
| Verbal | 7.5 | 4.14 | 1.75 | 2 | 7.1 | 3 | 4.3 | 1.7-7.5 |
| Motoric | 30 | 16.89 | 4.08 | 13 | 0.0 | 5 | 11.5 | 0-30 |
| Inappropriate Teacher-Directed Behavior | | | | | | | | |
| Verbal | 1.5 | .34 | .83 | 12 | 27.5 | 2 | 7.5 | .34-27.5 |
| Motoric | 00 | 0.0 | 3.0 | 17 | 11.7 | 1 | 5.5 | 0-11.7 |
| Inappropriate Other-Directed Behavior | | | | | | | | |
| Verbal | 11.5 | 7.94 | 0 | 15 | 5.8 | 30 | 11.8 | 0-30 |
| Motoric | 21 | 7.60 | 4.6 | 14 | .4 | 25 | 12.1 | .4-21 |

While direct comparison of teacher behaviors with Fink's results is difficult, approximately 54.4% of teacher behavior could be considered academic instruction by combining his categories of Feedback, Giving, and Asking. In the present study, approximately 56.5% of the teachers behavior was comprised of academic instruction.

Discussion

The results of this study support earlier findings of considerable variability of teacher and student behavior in classrooms for the emotionally disturbed. Results obtained as to how teachers and students spend their time closely resemble findings by Fink and tend to lend support to the validity of his observation system.

Further research is needed to determine if these results are representative generally of teacher and pupil behavior in classes for the emotionally disturbed.

## Post Observation Intervention

Two students ($S_1$ and $S_6$ on Table 3 and 4) in cooperation with the teachers, instituted response cost systems to attempt to alter student behaviors.

Data is represented for $S_1$ as Inappropriate Verbal and Motor Behavior after combining categories of Teacher and Other-directed Behavior. Observation was confined to these two categories of behavior for the remainder of the investigation during the time when students had seatwork assigned.

Procedures

Each student had fifteen tokens placed on his desk beside his work at the beginning of the class period. Fifteen tokens was the maximum allowed per class period. Inappropriate responses resulted in the loss of tokens. The number of tokens remaining at

the end of each period could at that time, and at that time only, be "spent" on the reinforcers.

Reinforcers

The back-up reinforcers for the token system were individually wrapped hard candies and M & M's. The exchange value used was three chips per two pieces of hard candy and one token per two M & M's.

Instructions to Teacher

The teacher was instructed to set up the students' work and tokens prior to their arrival. Upon arrival they were to take their seats and begin work. The teacher was given a copy of the two behavior categories with examples. The target behaviors were discussed with the teacher until it was clear that she understood them. The teacher was instructed to fine each student one token per inappropriate response observed by her. She was told to simply walk over to the student's desk, pick up one token, and walk away. No discussion or arguement concerning her action was allowed. Any appropriate response from a student at the time a fine was levied resulted only in an additional fine.

Instructions to Students

The students had the token system, response cost procedure, reinforcers, and exchange values explained to them prior to the first session of Experimental Condition One. The rules given them follow:

1. Come in, take your seat, and begin work.
2. Work quietly, don't talk out or make noise.
3. Raise your hand and wait quietly if you have a question.
4. No more than one person may be out of his seat at a time for such things as sharpening pencils, getting materials, etc.
5. Attend to your work at all times unless waiting for assistance, sharpening your pencil, etc.

Design

An ABAB design was used. Baseline One consisted of six twenty minute sessions. Experimental One consisted of six twenty minute sessions. Baseline Two was four sessions, and Experimental Two was four sessions. An inter-observer reliability was done during sessions thirteen and fourteen in the Baseline Two phase. More frequent reliability checks would have been desirable; however, they were not possible due to the lack of observers already experienced with the procedure used. The time available made it difficult to adequately train observers, and there were few, if any, personnel available who were both suitable and had the time. The reliability taken during Baseline Two was done using another student experimenter who was using the same observational procedure and categories in a different school. Reliability was computed by dividing the number of agreements by the number of agreements plus disagreements. A reliability of 77% was obtained during session thirteen and 82% during session fourteen. The reliability might have been better if there had been sufficient time to acquaint the observer with the class and its procedures. For example, the observer in the initial portion of session thirteen was recording a student's verbalizations while using the Language Master as "P." This experimenter had not thought to discuss this aspect of classroom procedure with the observer due to the assumption that a graduate student in special education would be familiar with the Language Master and its use. It is possible that other similar but unrecognized sources of error could have been eliminated had time permitted.

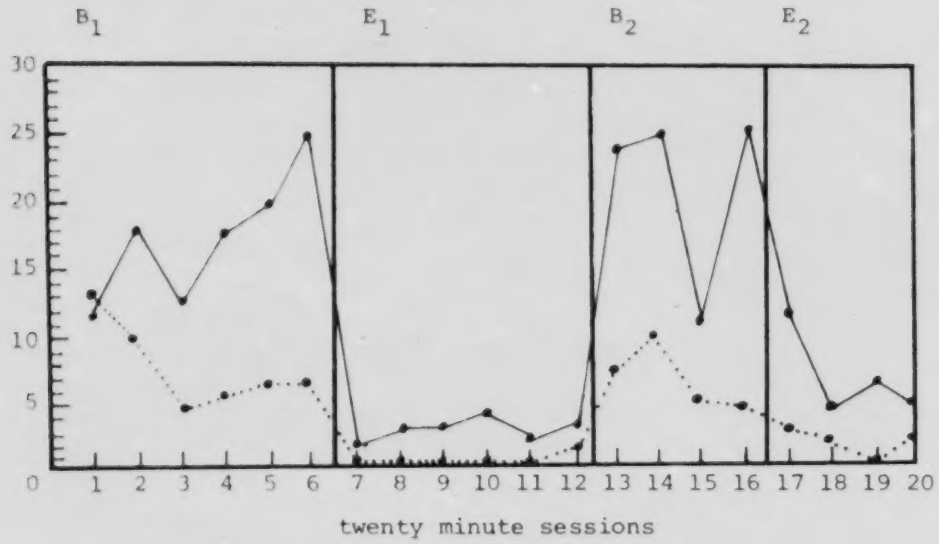
Results

Category "P" Baseline One yielded a mean response level of 8.00, Experimental One a mean response level of .166. Baseline Two yielded a mean response level of 7.00, Experimental Two a mean response level of 2.50.

Category "Q" Baseline One yielded a mean response level of 18.50, Experimental One

Figure 1
Frequency of Intervals Scored

Inappropriate Verbal Behavior ·····
Inappropriate Motor Behavior ———




a mean response level of 2.83. Baseline Two yielded a mean response level of 21.75, Experimental Two a mean response level of 6.00

In sum, category "P" produced a mean baseline (One and Two) response level of 7.50, a mean experimental (One and Two) response level of 1.33, and a mean difference of 6.17. Category "Q" produced a mean baseline (One and Two) response level of 20.125, a mean experimental (One and Two) response level of 4.415, and a mean difference of 15.61.

Discussion

The effectiveness of a token system managed through response cost as a means of modifying inappropriate verbal and motor behavior in the classroom has been demonstrated.

The data reflected in the graph covering Baseline One and Experimental One is the most clear-cut. These two phases were the two longest, and the most consistent in terms of what was going on in the classroom over and above normal routine. In Baseline Two there was an extra and unfamiliar observer in the room during sessions thirteen and fourteen. During session fifteen, only three of the six students were present. During session sixteen a group of visitors from Georgia Southern were in the class for about ten minutes. During Experimental Two the procedures were somewhat less effective than in Experimental One. Only two possible explanations for this occur to this experimenter. First, the second experimental phase followed a baseline period which was marked by various events previously noted which were not typical of the setting, and this experimental phase was shorter than the previous experimental phase. Second, the reduced effectiveness of the concluding experimental phase may have been due to the rather rapid shifting from $E_1$ to $B_2$ to $E_2$. Of course, the reduction may be due to a combination of both factors discussed, or some factor(s) which hasn't been considered.

The response cost system in the second classroom ($S_6$) was essentially the same, with the exception of number of tokens allowable per day, (seven instead of fifteen). The data in summary form is presented in Table 5 as categories of appropriate and inappropriate behavior. Observation was conducted in twenty sessions when students were engaged in seatwork and for a minimum of four days per condition.

Table 5

Mean Percent of Intervals Scored For
Appropriate and Inappropriate Behavior

| | Baseline | Experimental One | Reversal |
|---|---|---|---|
| Inappropriate | 72.6 | 49.3 | 68 |
| Appropriate | 52.0 | 76.6 | 57 |

Two other students attempted alternations to existing token systems through positive reinforcement contingencies. Both classrooms were modeled after Hewitts Engineered Classroom (Hewitt, 1968).

In one class ($S_3$), the student and teacher attempted to implement a variable interval schedule of reinforcement to replace a fixed interval system by which the students were reinforced at the end of fifteen minute task assignments. The method consisted of setting a kitchen timer for variable time intervals, and rewarding appropriate behavior occuring at the end of the interval. The number of tokens to be dispensed at the varying interval was adjusted to maintain the same overall rate of earning as in the fixed interval procedure.

Results indicated that the major changes in student behavior was a reduction of task appropriate motor behavior, and an increase in inappropriate motor behavior among students (Figure 2).

Figure 2

Student's Behaviors

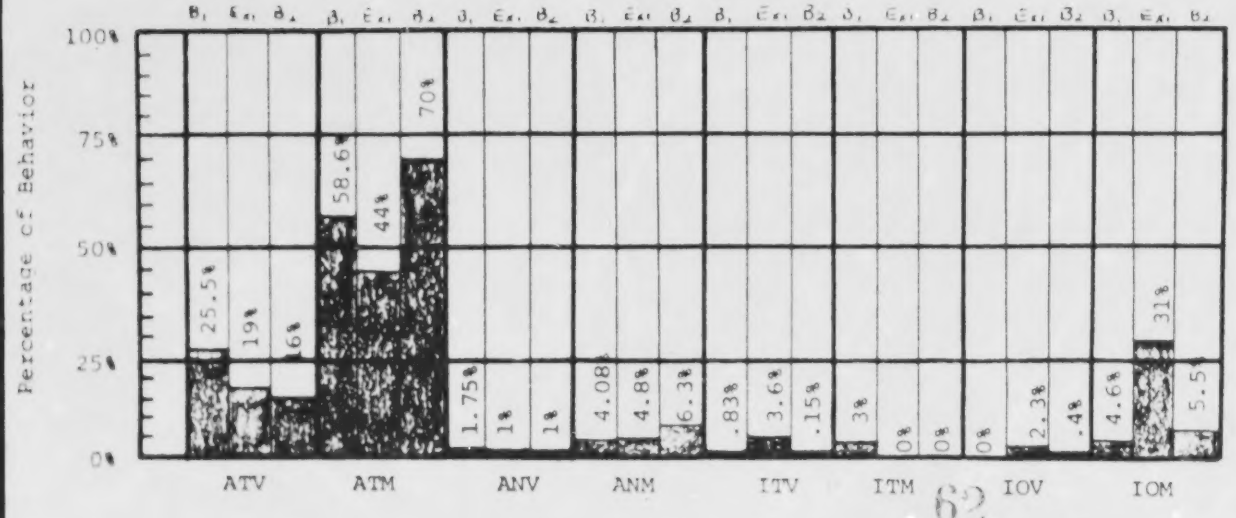
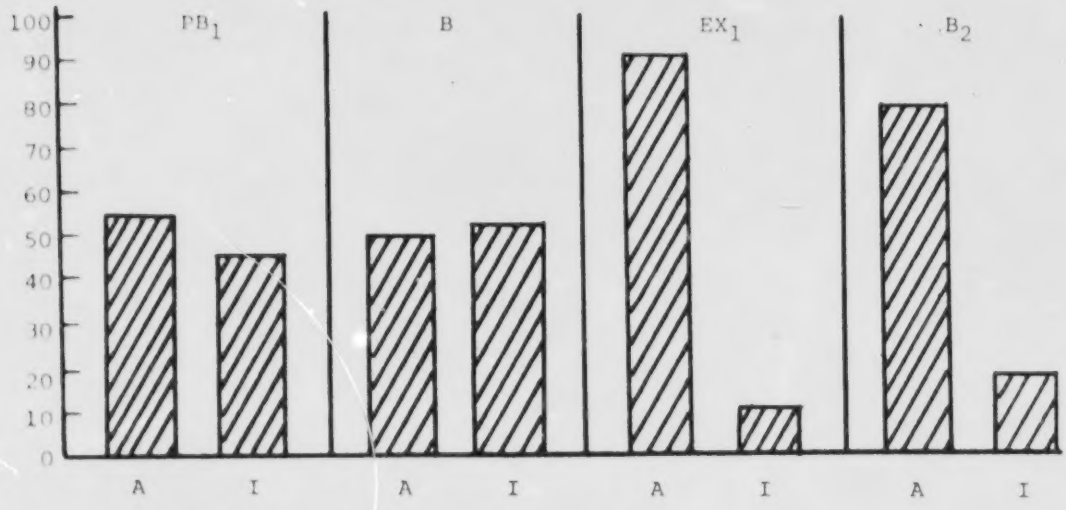


Figure 3

Percentages of Intervals in Which Appropriate and Inappropriate Behavior Occurred in all Four Phases of the Study, For all Five Children




A = Appropriate Behavior I = Inappropriate Behavior

In the other class ($S_5$), the student and teacher attempted to maximize the effects of the existing token system by providing a token chart for the class on the bulletin board at the front of the room, and awarding a gold star which the child placed on the class chart after earning ten checks in a row.

The observation and recording procedure was changed to a time sampling procedure whereby the student observed the children in rotational order for occurrence or non-occurrence of appropriate task behavior at the end of fifteen second intervals.

The results (Figure 3) indicate a significant alteration in behavior with the introduction of the experimental procedures, although a functional relationship could not be established, as the levels of behavior during reversal did not approximate Baseline One levels.

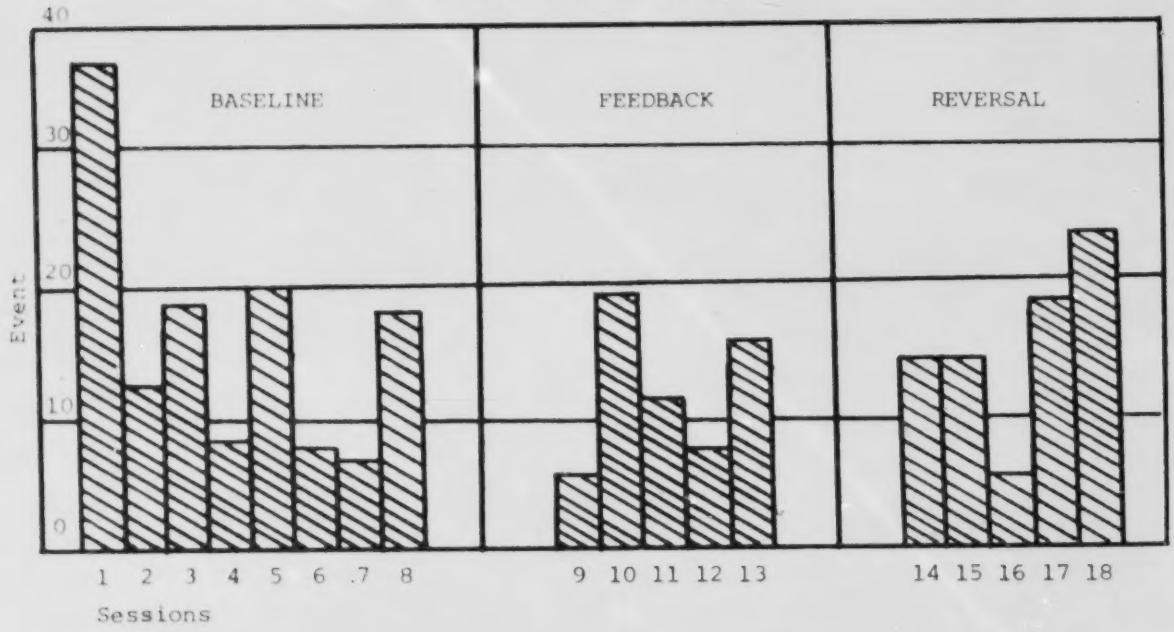
One student elected to attempt to effect a change in teacher behavior through the process of information feedback similar to procedures used by Cox (1972) and Short (1969).

After baseline data was collected, the teacher was given a copy of baseline data for both teacher and student behavior and asked to target dimensions of his behavior he would alter during experimental study. No directions, praise, or critique was exchanged to influence the teacher's target behaviors. He indicated that he would like to increase academic praise for correct math achievement (A+) and decrease neutral verbal management and extraneous discussions (VO). During the experimental phase the teacher was given a second copy of the definitions for teacher dimensions and a frequency count on the first day, a frequency count of his performance on the second day, a summary of the frequency count of his weekly performance on the third day, and the frequency count of his performance on the summary sheet (given on the third day) on the fourth and fifth days.

The experimenter and teacher did not discuss the data reports, but the responsibility of assessing progress and of designing a method to achieve the teacher determined goals (increase A+ and decrease VO) was for the teacher and student behaviors.

Figure 4

A+ Instructions Target




Results

On inspection of the bar graphs indicating teacher targeted behaviors (A+ and VO) (Figure 4 and 5) it can be observed that no significant changeoccurred in the predicted directions. The praise dimension was mean score of 15.6 in baseline, 12.2 during feedback, and 14.8 in reversal, indicating no significant change relative to targeted goals. The mean scores 30.9 for baseline, 48.8 for feedback, and 52.2 for reversal showed an increase on the neutral management (VO) dimension which was targeted as a decrease goal. Instructions for math skills indicated an increase from mean score of 23.4 in baseline to 29.0 in feedback and slight decline to 28.8 during reversal. The administrative teacher behaviors were down to 48.4 in reversal stage from 53.0 in feedback and 55.0 in baseline. Categorical behaviors of academic instruction was rather stable in all phases while the management teacher behaviors increased as the time progressed from baseline 38.8 to feedback 55.8 to reversal 64.0 (Table 6).

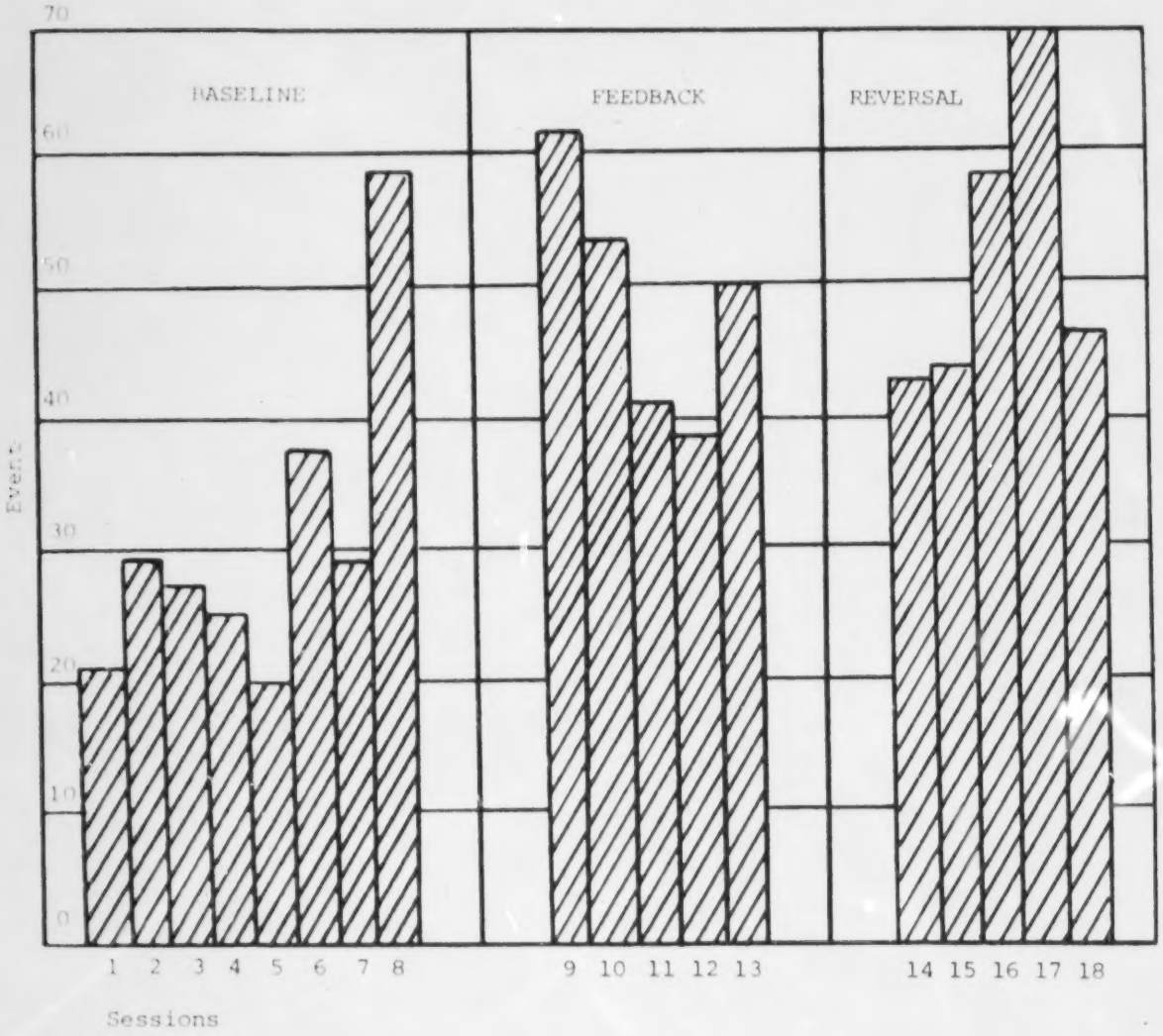
Table 6

Behavior Categories
Mean Data

| | Baseline | Feedback | Reversal |
|---|---|---|---|
| Teacher Behaviors | | | |
| Academic | 42.2 | 44.2 | 46.8 |
| Management | 38.8 | 55.8 | 64.0 |
| Administrative | 55.0 | 53.0 | 48.4 |
| Student Behaviors | | | |
| Task | 70.5 | 80.6 | 94.0 |
| Nontask | 23.5 | 42.6 | 51.2 |
| Inappropriate | 17.8 | 10.6 | 1.4 |

Figure 5

VO Management Target




The mean categorical student behaviors revealed significant changes in task-oriented behaviors from baseline 70.5 to feedback 80.6 and reversal 94.0, in nontask-oriented behaviors from baseline 23.5 to feedback 42.6 and reversal 51.2, and in inappropriate behaviors from baseline 17.8 to feedback 10.6 and reversal 1.4. Inappropriate behaviors were not only infrequent in baseline but also on a definite decline during the study.

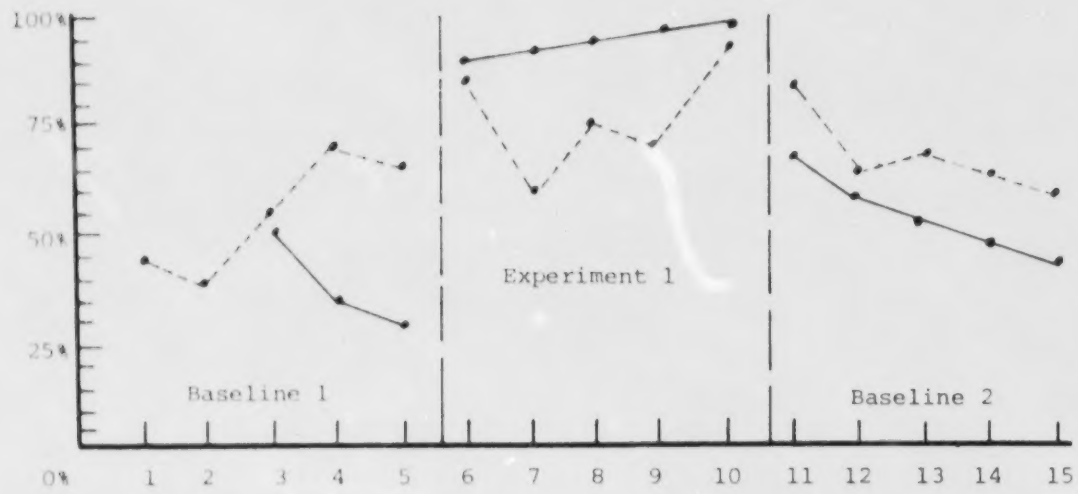
In the one remaining classroom ($S_4$) (a resource class) the teacher, in consultation with the investigator, decided to institute a group consequence contingent on the behavior of a single subject. The procedures were similar to those of Bushnell, Wrobel, and Michaelis (1968) and Evans and Oswalt (1972).

After baseline was obtained, the teacher explained to the class that if Tommy "behaved" during the forty minutes of class each day, all the students would receive a candy bar at the end of the period. The criterion for reinforcement was improvement over the previous days score. These were the only instructions given to the boys and no directions were given to the teacher concerning her behavior during this phase. Because of the fluctuation of numbers of boys in the room during the week of Experimental

Figure 6

Percentage of Appropriate Behavior

Students ------- Tommy ————————




One, the teacher or students would tell an uninformed student about the procedures and reward. Consequently someone reminded or told someone else to "Don't bother Tommy--help him be good" once a day. Although the teacher was given no directions, several days she said, "Look at Tommy, class--he's really behaving today" as he was working on a task. The observer had no interaction with the group except to dispense the reward at the end of the period; however, Tommy would ask each day "How many things did I do wrong?". The observer would tell Tommy the number and, if questioned further, explain why "they were wrong."

Following the experimental period, the boys were told that no more candy bars would be given in class. Tommy said, "good" and the other boys said they wished the "game" could go on because they could study better and they liked the candy. During the reversal period the classroom activities and behaviors appeared similar to that of Baseline One. Tommy did not ask the observer for feedback concerning his behavior. Occassionally the teacher would say to him "You can be good if you want to be--you were the best student in the class last week;" however, Tommy and the other students seemed to ignore these statements. Also during the reversal phase classroom attendance fluctuated as it had during the experimental phase.

During the five days of baseline appropriate behaviors for the boys were 46%, 40%, 58%, 70%, and 64% respectively. As attendance was fairly stable during this period, these percentages would represent typical behaviors of the boys during class. Tommy's baseline was begun on Day 3 with appropriate classroom behaviors being 53%, 36%, and 30% respectively.

In the five days of Experimental One, classroom attendance fluctuated; however, appropriate classroom behaviors were 84%, 59%, 76%, 50%, and 94% respectively. Appropriate classroom behaviors for Tommy were 85%, 88%, 91%, 96%, and 99% (Figure 6).

The reversal phase also had an attendance fluctuation with appropriate behaviors for the boys varying 80%, 65%, 73%, and 65% respectively for four days. During this phase Tommy's appropriate behavior consistently declined--73%, 60%, 55%, and 40%.

As indicated in Figure 6, experimental gains made during the modification phase

of the program declined rapidly for Tommy with appropriate classroom behavior for the other boys decreasing more slowly but consistently.

Discussion

Of the six interventions attempted, four may be considered to have been successful in achieving at least moderate changes in behavior. Some were more productive than others in relation to degree of change effected, and some changes were effected with considerably less effort on the part of the change agents.

The group consequences for individual performance study and the response cost interventions produced rapid, consistent reductions in inappropriate student behaviors. These results support other research (Barrish, Saunders, & Wolf, 1969; Evans & Oswalt, 1968; Kazdin, 1971; McNamara, 1971) indicating that these are effective, efficient procedures.

The two interventions which attempted to enhance existing positive reinforcement token systems produced mixed results.

The use of stars and class charts may have served to sensitize the students to the reinforcement contingencies that were operative in the classroom, as well as introducing an effect of competition. If this were the case, it might account for the lack of reversal of the behavior when experimented conditions were removed.

No definitive answers were found to explain the failure in achieving positive gains in student behavior by switching from a fixed to a variable interval schedule of reinforcement.

The class was composed of five severely disturbed elementary age children. Two were diagnosed as autistic, and two as schizophrenic. The token system was a relatively new procedure in the classroom, having been in use for only three weeks prior to its alteration. It is possible that the variable schedule served to confuse the students in regard to what behaviors were appropriate for reinforcement.

Approximately one year later, a variable interval schedule of reinforcement was successfully implemented and served to significantly improve classroom behavior. (Alexander & Friss, The effects of fixed and variable interval of reinforcement on disruptiveness in a behavior disorders classroom. Submitted to Exceptional Children, August, 1974).

The lack of effect of feedback procedures to alter teacher behavior corresponds to findings by Short (1969) but conflicts with that of Cox and Sperber (1972). Providing specific suggestions to the teacher as to how to alter his behavior and differently consequating alterations might have produced positive changes.

Additional research is needed to delineate and control those variables that are significant determinants of success in modifying behavior in classrooms for the emotionally disturbed.

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# The Effect of Ecological Strategies on the Ability of Adolescents to Maintain Their Behavior After Being Discharged from a State Hospital

by

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A continuing special education problem relates to the post-treatment adjustment of children and youth. The literature is quite clear that within a treatment program behavioral change can be brought about (Vacc, 1968; Nolen, Kunzelmann & Haring, 1967). The problem, though, is not one of bringing about change in a closed-treatment setting. Rather, the problem is one of maintaining those changes once the youth has returned to his home community (Vacc, 1972; Nolen, Kunzelmann & Haring, 1967).

This paper is a report of the evaluation of a program designed to respond to this issue. The particular program is Project ACE. The word "ACE" is an acronym standing for "Adjustment via Community Ecology." The program was sponsored by the Youth Center at St. Joseph State Hospital (Missouri Division of Mental Health). Its main purpose was to facilitate the community adjustment of adolescents being released from the Youth Center.

As implied in the name, the program is ecological in nature. Ecology is a fairly recent line of mental health thinking. Essentially, ecology says that emotional disturbance is social system oriented. The disturbance is not located in the individual. Rather, it is located in the interaction of an individual and his social system. It is a lack of goodness-of-fit between an individual and environment. An ecosystem for a youth usually includes parents, teachers, neighbors, community agencies, and, of course, the youth himself. This ecosystem usually plays a large role in maintaining the deviant behavior.

Ecology dictates that when we decide to intervene in a youth's disturbance, we must also intervene in his total ecosystem. If we fail to do this, we are ignoring those things that maintain his deviant behavior. Unfortunately, too many treatment programs fail to take the ecosystem into account. They accept a youth for treatment, work with him for a period of time and then return him to the very same condition that initially led to his acceptance for treatment. Within a short time too many of these children return to the program or are referred to other programs.

A total treatment program may be conceived of as having two essential parts. The first part is treatment. This can include such things as psychotherapy, special education, mental hospitalization, etc. This is usually what is considered to be the traditional mental health approach. The second and most often ignored part is maintenance. This involves the task of insuring that gains made in treatment are carried over into the community. It is this second part to which Project ACE addressed itself.

In an ecologically oriented treatment program Lewis (1970) identifies two sources of gain. The first source is change in the child's behavior, usually accomplished in a treatment setting. The second source of gain is change in ecosystem attitudes and behavior towards the disturbed child.

The problem presented to this project was one in which the adolescents received treatment (group and individual) psychotherapy, and special education) at the hospital, but relatively little was being done with their ecosystems. Under these conditions 35 percent of the adolescents returned to the hospital or some other treatment or detention center during their first year of discharge.

Project ACE made the assumption that one of the reasons for this high early rate

of return was that the community was not prepared to accept and manage the youth. As a result, the project undertook as its purpose to reduce the recidivism rate by providing extensive work in preparing and assisting the community.

## Project ACE

As mentioned earlier, the intent of the project was to facilitate the community adjustment of adolescents being discharged from the state hospital. The backbone of the project was the Ecological Resource Investigator (ERI). The ERI role was developed with two role models in mind. The first of these role models is the Liaison Teacher developed in Project Re-ED (Hobbs, 1966). Essentially, the Liaison Teacher function is one of facilitating concordance between a child and his ecological system. In Project Re-ED the Liaison Teacher works with parents, teachers, and community agencies to mobilize community resources for a child while he is in residential treatment and after he leaves residential treatment.

The second model is that of child advocate described by Lewis (1970). The Child Advocate's task is to reshape communities and community agencies so that they more closely meet the needs of the child.

The ERI was responsible for developing community resources for a client and then serving as a liaison between the client, the family, and the community agency. As a part of this function, the ERI met with each client on a weekly basis in the community. As a part of these visits, he would similarly visit and talk to families and agency people. The idea here was two-fold. First, the attempt was to mobilize community resources for a problem child. Second, once the resources had begun to be mobilized, the task was to build a communication pattern within the system. The intent here was that as soon as some resources were mobilized and communication built up, the ERI could step out and have the system manage itself.

The ERI served as a counselor to the clients and their families. He served as a person who was available to listen to problems and be a sounding board. Another function performed by the ERI was that of crisis intervention. When a major problem occurred, the ERI would intervene to help the community manage the crisis.

## Research Procedures

### Subjects

Subjects for the project were 36 randomly selected adolescents who were discharged from St. Joseph State Hospital Youth Center between April and August. These 36 subjects were then randomly assigned to either a treatment or a control group. This yielded two groups of eighteen clients each. Summary data describing the experimental and control subjects is presented in Table 1. I.Q. scores represent the test results of the subjects when they entered the hospital. Diagnosis and prognosis represent psychiatric ratings done on the clients when they were admitted to the hospital. Place of residence represents the type of town to which a subject returned. All are self explanatory except, perhaps, "other urban." This category refers to suburban areas and all other areas with over 50,000 population exclusive of the inner city.

The subjects were adolescent and represented a full range of behavior and emotional problems. The problems they presented were severe. This is emphasized by the fact that the subjects spent an average of one year and five months in the hospital. The range was from a minimum of two months to a maximum of six years, six months.

### Procedure

Once the groups were constituted and the subjects discharged the study began. The treatment groups benefited from all resources available through Project ACE and the ERI as described above. The control group received the traditional discharge services of St. Joseph State Hospital Youth Center. This includes a reinstatement conference at the public school and weekly group therapy for those living in the Kansas City area. In a few cases, the ERI was asked to help with a control client. Although this, to

some extent, confounded the research, it was done primarily because it was felt to be unethical to deny services.

This study used, as its criterion measure, the rate of return to either St. Joseph State Hospital or some other treatment or correctional facility. Prior to the study the return rate at the Youth Center was 35 percent. It was felt that this criterion was a measure of minimal adjustment to the community.

Table 1
Summary Data on the Control and the Experimental Groups

| | Control | Experimental |
|---|---|---|
| Mean I.Q. | 85.16 | 100.00 |
| Mean Age | 16.5 | 16.8 |
| Diagnosis (frequency) | | |
| Group Delinquent Reaction | 1 | 0 |
| Personality Disorder | 7 | 5 |
| Behavior Disorder of Adolescence | 5 | 5 |
| Schizophrenia (general) | 4 | 6 |
| Neurosis (general) | 1 | 2 |
| Prognosis (frequency) | | |
| Good | 3 | 3 |
| Fair | 1 | 5 |
| Poor | 5 | 5 |
| Guarded | 8 | 5 |
| Unknown | 1 | 8 |
| Residence (frequency) | | |
| Under 2,500 population | 2 | 1 |
| 2,500-50,000 population | 3 | 2 |
| Inner City | 6 | 4 |
| Other Urban | 7 | 11 |
| Sex (frequency) | | |
| Male | 14 | 12 |
| Female | 4 | 6 |
| Racial/Ethnic Group (frequency) | | |
| White | 14 | 15 |
| Black | 4 | 2 |
| Mex./Am. | 0 | 1 |

## Results

Rate of recidivism was used as a measure of success for the project. Tables 2 and 3 summarize the present status for all subjects in both groups. It will be noted that for the experimental group, three subjects are classified as recidivists. This represents a recidivism rate of 16.67 percent, approximately one half of what it has been.

The picture for the control group is quite different. One of the subjects, a

female, could not be located. Information was sought from the hospital social workers and from the local county court. These sources similarly could not locate the subject or her family. Of the remaining 17 subjects, it can be seen that six are considered recidivists. This represents a recidivism rate of 35.29 percent. The rate is double that of the experimental group and is consistent with rates previous to the start of the project.

The conclusion, then, is that Project ACE was successful in reducing the rate of recidivism of students in the Youth Center at St. Joseph State Hospital.

Table 2

Outcomes for Experimental Groups

| Subjects | Sex | I.Q. | Residence | Status |
|---|---|---|---|---|
| Recidivists | | | | |
| 1 | M | 125 | Other Urban | Court Correctional Inst. |
| 6 | M | 87 | Other Urban | County Jail |
| 18 | F | 110 | Under 2,500 | St. Joseph State Hosp. |
| Non-Recidivists | | | | |
| 2 | M | 70 | Inner City | Home |
| 3 | M | 125 | Inner City | Home, Voc. School, Job |
| 4 | F | 72 | Inner City | Foster Home, Voc. Rehab. |
| 5 | F | 115 | Other Urban | Home |
| 7 | M | 110 | Other Urban | Home |
| 8 | M | 85 | Other Urban | Home |
| 9 | M | 90 | Inner City | Home, Court Jurisdiction |
| 10 | M | 95 | Other Urban | Living with Grandmother |
| 11 | M | 82 | Other Urban | Home, School |
| 12 | F | 115 | Other Urban | Foster Home |
| 13 | M | 105 | Other Urban | Army |
| 14 | M | 104 | Other Urban | Foster Home, School |
| 15 | F | 112 | Other Urban | Job Corps |
| 16 | M | 96 | 2,500-50,000 | Home, School |
| 17 | F | 102 | 2,500-50,000 | Home, School |

## Discussion

Several issues require discussion at this point. First is the criterion used to judge the success of the program. Implied in the project is the notion that success means adjusting to the community. The problem becomes one of defining adjustment.

It became clear as we began the project that adjustment would have to be defined in minimal terms. That is, we would accept as adjusted, a subject who was living at home and not getting into trouble. It didn't matter whether or not the subject was doing anything positive (e.g., going to school, getting a job, etc.). As long as he was keeping out of trouble we would, for the moment, say that he was adjusting.

The notion of minimal adjustment became important when we realized the situation to which many of our subjects returned. In most instances, families were chaotic. Parents were not able to provide support or control of the clients. Also, the subjects were not making use of positive community resources. The ERI's job, then, was to begin to develop a pattern of services and control of the child. As these were being developed, we were quite willing to accept this notion of minimal adjustment.

Minimal adjustment is not the terminal goal for the child. As the ERI begins to

build a pattern of resources and control for the client, it is expected that the clients level of adjustment will rise. However, this process takes time.

Table 3

Outcomes for Control Group

| Subject | Sex | I.Q. | Residence | Status |
|---|---|---|---|---|
| Recidivists | | | | |
| 1 | M | 81 | Inner City | County Jail |
| 4 | M | 86 | Inner City | Residential Treatment Program |
| 11 | M | 65 | Inner City | St. Joseph State Hosp. |
| 12 | M | 77 | Inner City | St. Joseph State Hosp. |
| 17 | M | 81 | Inner City | St. Joseph State Hosp. |
| 18 | M | 94 | Other Urban | State Correctional Inst. for Children |
| Non-Recidivists | | | | |
| 2 | M | 76 | Other Urban | Home, School |
| 3 | F | 70 | Under 2,500 | Home, School |
| 5 | M | 98 | Other Urban | Home, Job |
| 6 | M | 89 | 2,500-50,000 | Home |
| 7 | M | 97 | 2,500-50,000 | Home, School |
| 8 | M | 82 | Other Urban | Home, Court Jurisdiction |
| 9 | M | 63 | Inner City | Home, Job |
| 13 | M | 85 | Under 2,500 | Home, School |
| 14 | F | 105 | Other Urban | Job Corps |
| 15 | M | 93 | 2,500-50,000 | Home |
| 16 | F | 96 | Other Urban | Home, School |
| Unknown | | | | |
| 10 | F | 95 | Other Urban | Unknown |

An interesting finding from the study suggested that the ERI was most effective in working with clients in the inner city. It will be noticed from Tables 2 and 3 that none of the four experimental clients living in the inner city were recidivists. This is compared to five out of six recidivists from the inner city for the control group. It is difficult to speculate on the reasons for these results since the number of subjects is small. However, the results are intriquing and suggest that, perhaps, the level of adjustment required in the inner city may be lower. It may be that suburban and small town areas require a much higher level of adjustment to maintain a client. It also suggests that we can be most effective in inner city.

The role of the ERI turned out to be a quite difficult job. In terms of physical characteristics, the ERI potentially served a 23 county area in Northwest Missouri. The geographic distribution of youth resulted in the ERI traveling more than 15,000 miles during the year. In this time period he made over 550 client contacts. Six hundred agencies were contacted and 45 of these eventually played a role in the treatment program.

The major positive yield produced by the ERI was that of opening direct lines of communication between St. Joseph State Hospital, the subjects, and community resource agencies. The ability to communicate resulted in a greater awareness of the existing mental health problem, facilitated cooperation, placement, and degree of services extended to the client and his family. In this instance, the ERI served as a catalyst.

The major negative aspects of the project had to do with rejection. Most of the subjects, their families, and community agencies were accepting of the program. However, some parents were overtly hostile to the ERI and some agencies denied services completely, without justification for denial.

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# Research on Development of Social Interactions in a Preschool for Handicapped Children

by

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The purpose of this paper is to present the results of several studies on the development of social interaction in a preschool program for handicapped children. The primary goal of this continuing line of research is to develop viable programs to teach young children social interaction skills.

## Setting of Research

The setting for these studies was the Regional Intervention Program (RIP) in Nashville, Tennessee. RIP is financed by the State of Tennessee through Central State Hospital and is one of several children related services operated by the Children and Youth division of Central State Hospital. RIP is housed in a renovated crippled childrens hospital and contains five classrooms, individual training centers, and generalization training centers in addition to staff offices and conference rooms.

RIP is unique in that it was one of the first parent operated facilities. All the teachers are parents of the children. The parents have been trained by other parents. These parents are aided by five resource personnel. Each of whom held M.A. degrees in special education with emphasis in early education.

### Subjects

Generally the children at RIP range from about 18 months to six years with the average age of about four years. They are not given typical diagnostic labels such as autism, schizophrenia, or mental retardation. Rather they are described as children who have behavioral excesses and deficits. These behavioral excesses and deficits are: oppositional behavior, severe temper tantrums, hyperagressiveness, stereotypic behaviors, social isolation, language delays, and/or lack of self-help skills.

The children who served as subjects for these studies ranged in age from three to five years and were in the language development classroom. The primary function of the language classroom is to develop language repertories. In addition to the language deficits, the children typically display inappropriate and/or lack of social interaction with their peers.

The teacher-parents at RIP are well trained in applied behavioral analysis particularly in applying social reinforcement to appropriate behaviors and ignoring inappropriate behaviors. The goals of the language classroom include concentration on the development of language as well as pre-social behaviors particularly peer-peer interactions.

## Study 1. (Shores, Hester and Strain, 1974)

The purpose of the first study was to investigate social interactions among the children as a function of the availability of adults for interaction. This study was based on previous research which demonstrated (a) the powerful effects of teacher dispensed social reinforcement on the social interactions of children (e.g., Buell, Stodard, Harris & Baer, 1968; Hart, Reynolds, Baer, Brauley & Harris, 1968; Allen, Hart, Buel, Harris & Wolf, 1964; Whitman, Mercurio & Caponigie, 1970); and (b) the notion of Bronson (1973) who suggested that young children prefer interaction with adults rather than peers. The questions posed for this study then were:

1. Will children seek interaction with adults over their peers?
2. When the adults are no longer available will the children interact among themselves?

Direct observation data was collected during the free play period. The tactics

for observing interactions were based on a time sampling procedure. The classroom was divided into three areas, with the observers stationed at an observation desk so as to have visual access to all parts of the classroom. Each part of the room was assigned a number: (a) back of the room = No. 1, (b) middle of the room = No. 2, (c) front of the room = No. 3. The observation procedure was as follows: one of the two observers was randomly selected each day to lead the observation procedures. The lead observer would start by stating, "one," indicating the area of the room under observation which was then scanned and scored. Immediately following the coding of the behaviors observed, the lead observer proceded to call "two," scan and score, "three," scan and score, etc. The classroom was completely observed on this time sampling basis approximately once every ten seconds. The observation continued for 90 observations of each area.

The coding procedure consisted of recording by area and approximate location within area, the number of children engaged in the interactive behavior, the number of teachers present, and number of children present. The type of interaction was further coded as to teacher-child interactions, or child-child interactions. Teacher-child interactions were coded always when the children were interacting with the teacher. A child-child interaction was defined as two or more children engaged in playing with the same object, verbally communicating with each other, touching each other, and/or sharing a toy or object. In addition proximity was coded when two or more children were within touching distance but were not interacting with either the teacher or children.

The specific procedure was for the observers to look at the area to be coded and code all of the interactions on the scoring sheet that they observed occurring by type and numbers involved. For example, if in Area 1 there were four children engaged in playing on the seesaw, the observers would score this as a cooperative interaction with four children involved. Another example would be a teacher sitting at the sandbox (Area 3) with two children playing with the sand. This would be scored as teacher-children interaction, with one teacher and two children involved.

It was possible to have in a given area, simultaneously, two or more children interacting together- a teacher interacting with two or more children and two children just sitting side by side in proximity without interacting.

Reliability was calculated on a point by point agreement-disagreement basis so that each cell of the coding sheet was independently evaluated. Reliability was collected on all phases of the study and ranged from 86% to 98% with an average of 93.88% per day.

Procedures

The research procedures were an adaptation of a single subject replication design (Baer, Wolf, & Risley, 1968). The children were exposed to three experimental conditions during free-play with replications of the first two conditions. The primary difference among the conditions was the form and amount of teacher-child interaction. Following is a description of each condition:

Condition I (Phases 1 and 3)

Teacher involved free-play: The teachers interacted with the children during free-play time, providing assistance and guidance in various play activities. The teachers were encouraged to stimulate the children, to play together, and to praise them when they did interact. For example, a teacher would encourage children to play together with play dough in the "kitchen area" and would demonstrate how to play and interact as well as providing praise when these children played together. However, the children were free to engage (or not to engage) in any activity in the classroom. Phase I lasted for 11 days while Phase II continued for ten days for a total of 21 data days under experimental Condition I.

Condition II (Phases 2 and 3)

Free play with teacher uninvolved: During this condition the teachers were instructed not to interact with the children except in emergency situations (e.g., fighting or when a child appeared to be in danger). The teachers generally

occupied their time by holding meetings to discuss coming events and to plan for the next day's activities. Phase II of Condition II continued for nine days with the replication phase (Phase III) lasting five days. This yielded a total of 14 days under Condition II.

Condition III

Teacher structured plan: During this condition the teachers were instructed to structure the free-plan period by providing activities that encouraged the children to assume roles. For example, the teacher would say, "Let's play in the boat," and assign a child the role of captain and let other children assume other roles. Some of the activities were: store, house, cowboy, fireman, restaurant, trampoline, etc. In all cases, prompts (or items with which to pretend) were used such as adults' clothes, special hats, rocking horses, etc. It should be noted that most of the play items were available throughout all conditions of the experiment. After the activities began, the teachers would provide reinforcement for interacting and gradually fade themselves out of the situation and only became involved in emergencies (as in Condition II). Condition II continued for 20 days.

Results

Table 1 presents the percentage of total interactions by each condition, indicating that the proportion of interactions were replicated within the first two conditions, with the third condition producing proportionately identical results to the second conditions.

Table 1

Percentage of Interaction by Each Condition

| | Teacher Involved | Teacher Uninvolved | Teacher Involved | Teacher Uninvolved | Structural Play |
|---|---|---|---|---|---|
| Teacher-Child | 74% | 6% | 64% | 6% | 6% |
| Child-Child | 26% | 94% | 36% | 94% | 94% |

Table 2 presents the mean number of child-child interactions and the teacher-child interactions across experimental conditions. It should be noted that in Table 1 the total means by conditions as well as the means for each phase within Conditions I and II are presented. The data from Phases I and III, and Phases II and IV were collapsed for the purpose of the analysis.

Table 2

Mean Interaction by Each Condition

| Condition | Mean Child-Child Interaction | Mean Teacher-Child Interaction |
|---|---|---|
| Condition I | Total Mean 1.83<br>Phase I = 1.25<br>Phase III = 2.4 | Total Mean 3.88<br>Phase I = 3.51<br>Phase III = 4.3 |
| Condition II | Total Mean 11.51<br>Phase II = 9.26<br>Phase III = 15.5 | Total Mean .74<br>Phase II = .572<br>Phase IV = 1.03 |
| Condition III Teacher Structure Play | 17.78 | 1.05 |

The data were analyzed by the Mann-Whitney U Test (Siegle, 1965) to assess changes across experimental conditions. Table 3 presents the results of Mann-Whitney U values obtained on the child-child interactions. Inspection of Table 2 shows highly significant results in comparing Condition I with II ($U = 18$, $p < .001$). This indicated that teacher uninvolved free play (Condition II) produced significantly higher levels of child-child interactions than did teacher involved free play (Condition I). The structured play (Condition III) provided significantly higher levels of interaction than did teacher involved free play. In addition, lower, but still significant differences, were obtained in comparing teacher uninvolved free play with structured play ($U = 82.5$, $p < .05$) indicating that structured play produced the highest level of child-child social interactions.

Table 3

Mann-Whitney U Values of the Child-Child Interaction

| | Condition II Teacher Uninvolved Free-Play | Condition III Structured Play |
|---|---|---|
| Condition I Teacher Involved Free Play | $U = 18$ $p < .001$ | $U = 13.5$ $p < .001$ |
| Condition II Teacher Uninvolved | | $U = 82.5$ $p < .05$ |

Table 4 presents the results of teacher-child interactions as to be expected from the conditions, teacher involved free play produced a significantly higher level of teacher-child interactions than either the teacher uninvolved free play ($U = 5$, $p < .001$) or the structured play ($U = 17$, $p < .001$). A very interesting result was the nonsignificant difference obtained between the teacher uninvolved free play and structured play conditions ($U = 120$, N.S.). This result tended to indicate that setting conditions for the children had no more teacher involvement than removing the teacher all together, but produced the highest level of child-child social interactions. The proximity measurement is not presented because the measurement was uneffected by the experimental conditions.

Table 4

Mann-Whitney U Values of Teacher-Child Interaction

| | Condition II Teacher Uninvolved Free-Plan | Condition III Structured Play |
|---|---|---|
| Condition I Teacher Involved Free-Play | $U = 5$ $p < .001$ | $U = 17$ $p < .001$ |
| Condition II Teacher Uninvolved | | $U = 120$ N.S. |

The results of the first study demonstrated that some children would interact with each other at a higher rate with the teachers removed and at the highest rate when the activity was structured to promote child-child interaction. However, this

was not completely true. Some of the children did not seek peers as a source for interaction. It appeared that these children (a) did not find other children reinforcing, (b) other children did not find these children reinforcing, or (c) these children did not have sufficient behavioral repretories to either initiate or respond to another child. These hypothesis were investigated in studies two and three.

Study 2. (Strain and Timm, 1974)

A continuous interaction measurement system was designed by two advanced graduate students, Matt Timm and Phil Strain, (Matt is currently the director of a special project to develop the RIP model throughout Tennessee and Phil is now Assistant Professor at American University). This continuous observation system recorded sequences of social interaction in terms of initiator-responder units (scored as P+ initiator and +S as responder and as to type of interaction (motor-gestural or vocal verbal) and quality of the interaction (appropriate + or inappropriate -).

To begin the study of children's interactions along these lines Strain and Timm (1974) drew on the numerous studies which demonstrated the successful application of teacher praise to increase the interactive behaviors of withdrawn children. If these withdrawn children would increase their interactions under reinforcement conditions it would be assumed they had sufficient repretories for interaction. Unlike the other studies these researches begin by directing the praise statements to peers for interacting with a withdrawn subject, rather than directing the praise statements to the target subject.

The experimental design consisted of two experimental conditions, with a reversal period between the two conditions. The two experimental intervention conditions consisted of (a) manipulating the teacher dispensed reinforcement of verbal praise and physical contact by directing these to the target subject's peers for appropriate interaction with the target subject where as in Condition II, and (b) verbal praise and physical contact was directed specifically to the target subject for engaging in appropriate interaction with peers.

Results

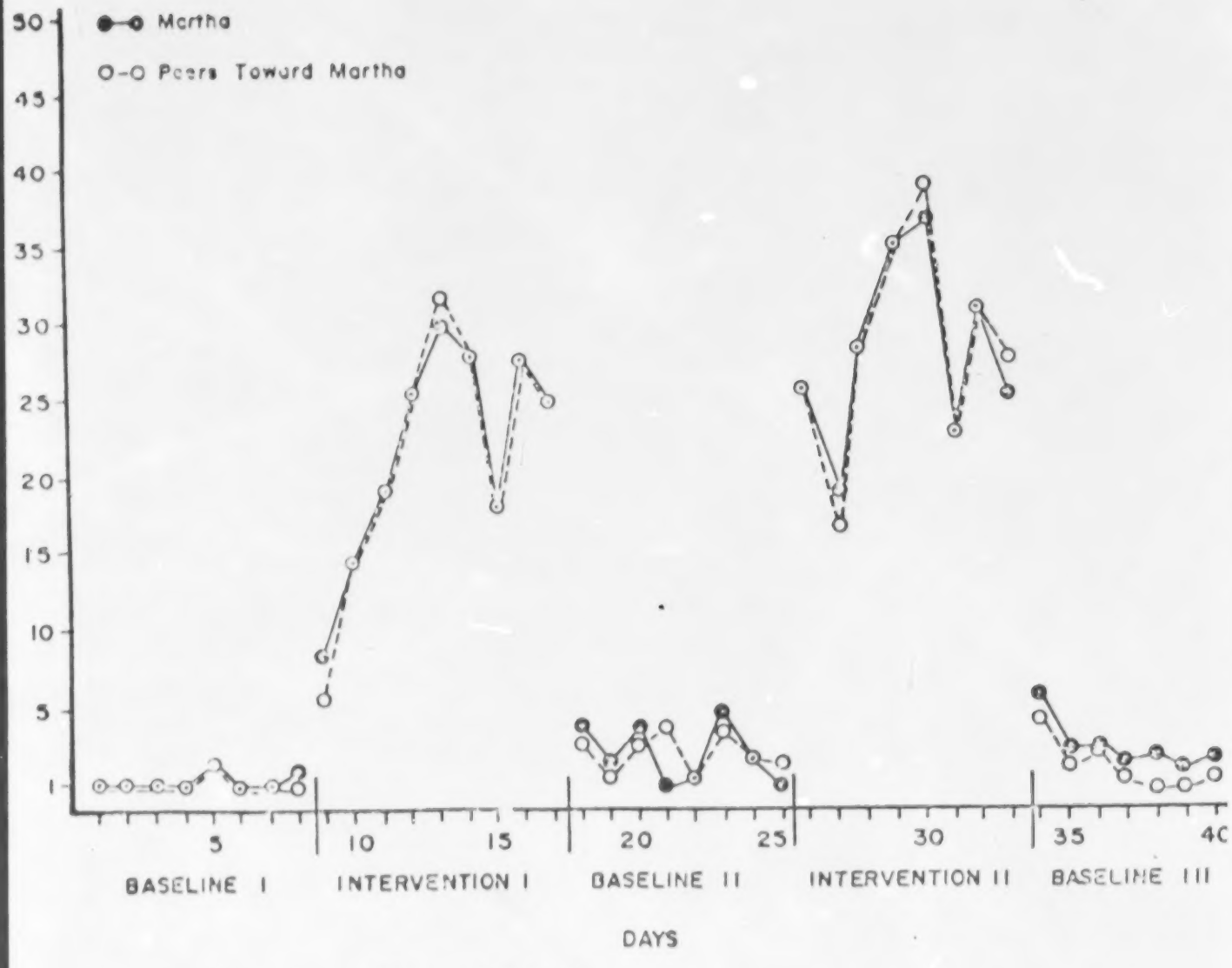
Reliability

Eight reliability checks on the data collection procedures were conducted across experimental conditions. Percentage of agreement ranged from 75 to 100, with a mean of 89%.

Total Positive Motor-Gestural Behaviors

Total (i.e., initiated and responded) positive motor-gestural behaviors emitted by the target subject and the peers with whom she interacted are plotted in Figure 1. The rate of positive motor-gestural behaviors was extremely low for both Martha (the subject) and her peers during the eight day Baseline I period. A steady and rapid increase in behavior rates for both the subject and her peers accompanied implementation of contingent adult attention procedures directed to the peers. Removal of contingent adult attention procedures during Baseline II was followed by an immediate decrease in positive motor-gestural behavior for both subject and peers, approaching the levels observed during Baseline I. Implementation of contingent adult attention procedures directed specifically to the subject was accompanied by an abrupt increase in behavior rates for both her and her peers. Removal of contingent adult attention procedures during Baseline III was again followed by an immediate decrease in the number of posicive motor-gestural behaviors emitted by the subject and by her peers.

Figure 1



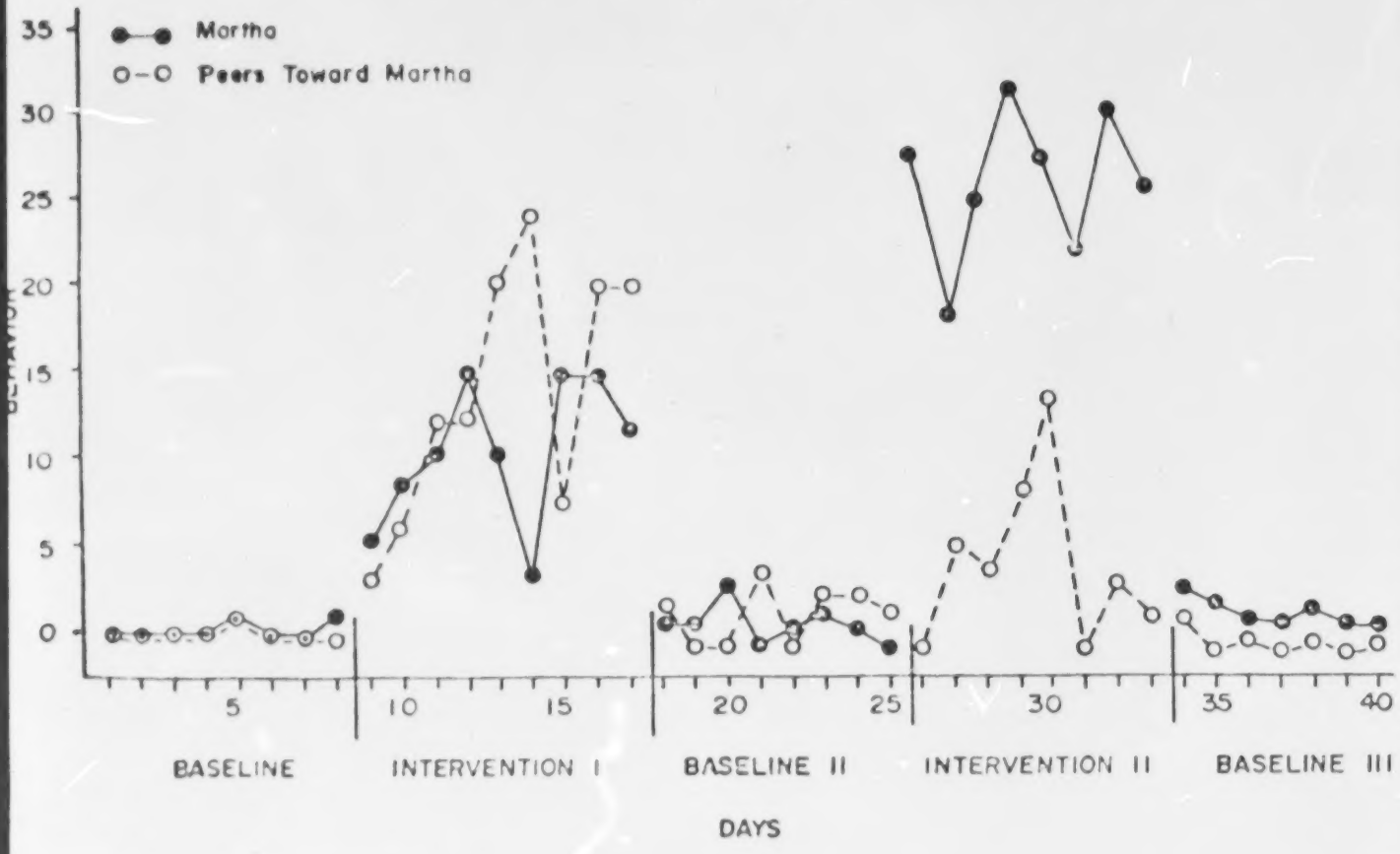

Initiated Positive Motor-Gestural Behaviors

Initiated positive motor-gestural behaviors emitted by the target subject and by her peers are plotted in Figure 2. The initial positive motor-gestural behavior rates for Martha and for her peers were extremely low during the Baseline I period, and returned to similar levels during Baseline II and Baseline III conditions. Introduction of contingent adult attention procedures during the two intervention conditions was followed by increases in both subject and peer rates of initiated behavior. However, differential effects were observed across two conditions. During Intervention I, in which contingent attention was directed to peers, the mean daily frequency of initiated positive motor-gestural behaviors emitted by the peers was 13.2. The subject's mean daily rate was 9.7. During Intervention II, in which contingent attention was directed to the subject, her mean daily rate of initiated behaviors was 25.6, and the peer's daily rate was 5.6.

Discussion

Although a number of interesting aspects of the results could be discussed the one that was of interest to me was the differential effects on initiated interactions.

Figure 2




That is the adult attention produced changes in both the peers as well as the target subjects in both conditions. However, significant differences were also apparent in that if the contingencies were on the peers - they initiated more of the interactions and conversly if the contingency was on the target subject she initiated more of the interactions. In addition, the target subject and the peers tended to track the receiver of reinforcements by increasing their initiations when the other was receiving the reinforcement.

Strain and Timm (1974) believed this tracking phenomenon was in fact reciprocity (Patterson & Reed, 1970). That is for interactions to increase (probably to occur) the initiator and responder must be reinforced (in this case by the teacher) and eventually must reinforce each other in a reciprocial manner. Therefore the peers would tend to track the subject's initiations of interactions by also increasing their initiations possibly due to the subject becoming a reinforcing interactor in that they were not directly being reinforced by the adult.

Study 3

To further test this reciprocity hypothesis Study 3 was designed and conducted by Phil Strain (1974). Specifically Strain investigated the following questions.

1. Will an increase in the emission of positive social behavior by the target subjects result in an increase in the emissions of positive social behavior by peers during interaction with the subjects?

2. Will an increase in the emission of positive social behavior by the target subjects result in a decrease in the emission of negative motor-gestural and vocal verbal behavior by these children?
3. Will an increase in the emission of positive social behavior by the peers result in an increase in the emission of possible social behavior by the target subject?

To investigate these questions, Strain used the same direct observation system that was used in the previous study. However, he selected three children who had low rates of positive social interactions and measured each of their interactive behaviors during baseline and intervention conditions. Again in a free play setting the intervention procedures consisted of the teacher delivering both prompts (structuring the activity as in Study 1), and social reinforcement for positive social interaction to the target subjects. The design was a combination of reversal and a modification of a multipal baseline by staggering the baselines across subjects.

Results of Study 3.

Figure 3 shows that the increase in Subject 1's positive interactions during the first intervention brought an increase in Subject 2's positive interactions. The first reversal period was successful in re-establishing the baseline levels in both Subject 1 and 2. The second intervention was on both Subject 1 and 2 and again brought a rapid increase in positive social interactions for both subjects and decrease in negative interactions. The next intervention period involved Subjects 2 and 3. With Subject 1 not being directly reinforced or prompted to interact. Again a clear demonstration of controlling the positive social interaction on the target subjects and note Subject 1's rates seemed to track Subject 2 and 3's in the mild but significant increase in positive and decrease in negative interactions.

Now let us move to the peers interaction with the target subjects (see figure 4). Remember the peers were neither directly reinforced nor directly prompted for interacting.

The tracking phenomenon is very obvious during the phases of intervention. Note the difference during the phases when only one subject was being reinforced compared to when two subjects were under the controlling procedures. There is nearly twice as many appropriate peer interactions. In addition the amount of negative interactions decreased concurrently.

Discussion.

Let's refer back to the question posed by this study.

1. Will an increase in the emission of positive social behavior by the target subjects result in an increase in the emission of positive social behavior the peers during interaction with the subjects?

The answer seems to be yes. This is evident in the peer data.

2. Will an increase in positive social interaction result in a decrease of negative social interaction within the target subjects as well as peers?

Again this was found to be true within and across all subjects (except subject 3 who never displayed negative interactions).

3. Will an increase in the emossion of positive social behavior by the peers result in an increase in the emission of positive social behavior by target subjects?

The data again support a tenative yes to this question in that two of the subjects data evidanced this trend. Subject 3 displayed such extremely low rates of interactions prior to him being reinforced that the tracking phenomenon did not occurr. Therefore this subject seemed unsusceptible to receprocity.

These studies support the notion that even young pre school handicapped children's social interactions are a function of the stimulus and reinforcement value of themselves and of their peers in a reciprocal relationship (Patterson & Reed, 1970). In addition the results indicate that reciprocal social interaction

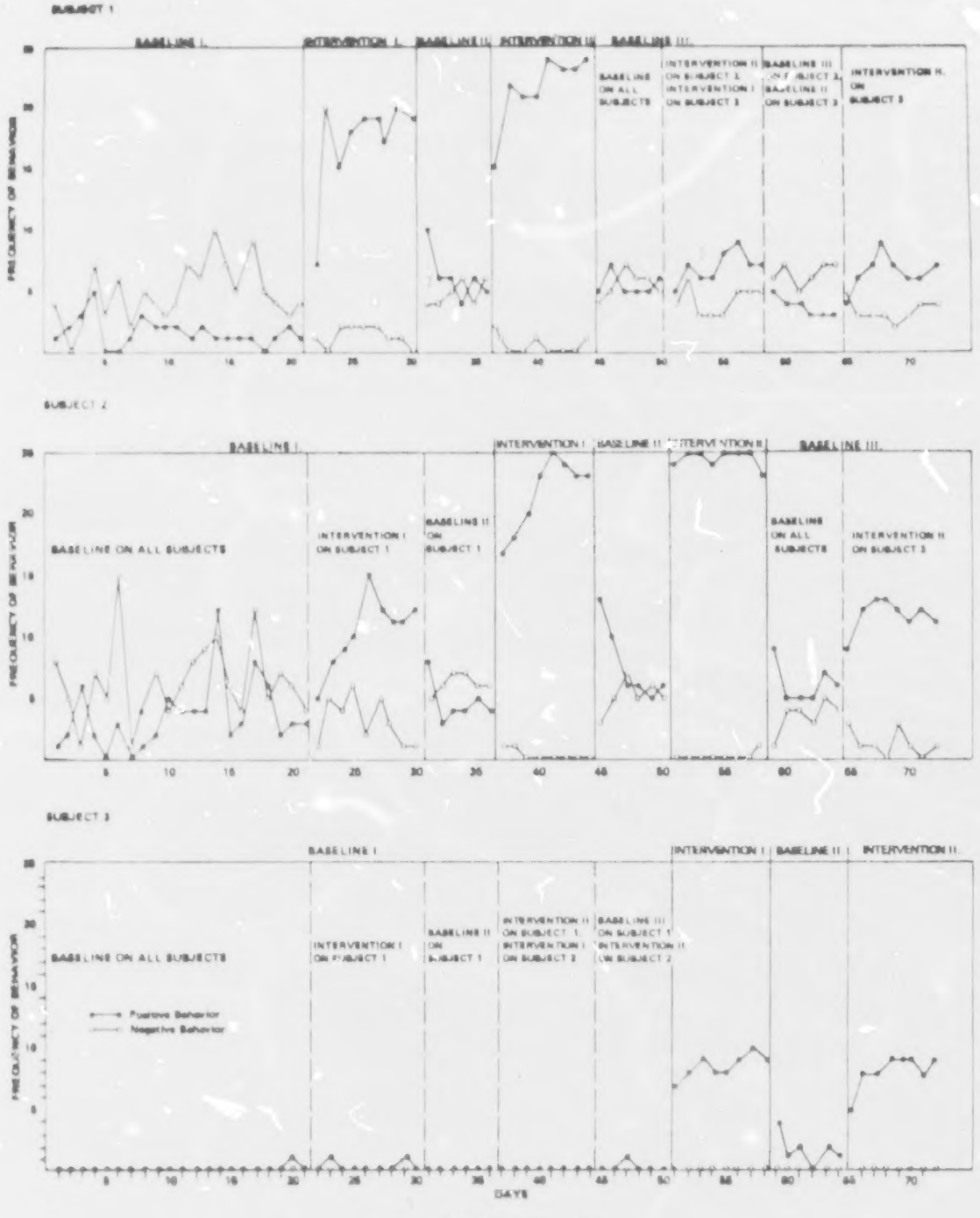



Figure 3

Frequency of positive and negative behavior for Subjects 1, 2 and 3, across all experimental conditions.

can be developed, maintained, terminated and reinstated among children who initially have extremely low rates of positive social behavior, through appropriate teacher utilization of reinforcement and prompting procedures.

Let me summarize these studies in the following.

The first study reported would indicate that most of these pre school handicapped

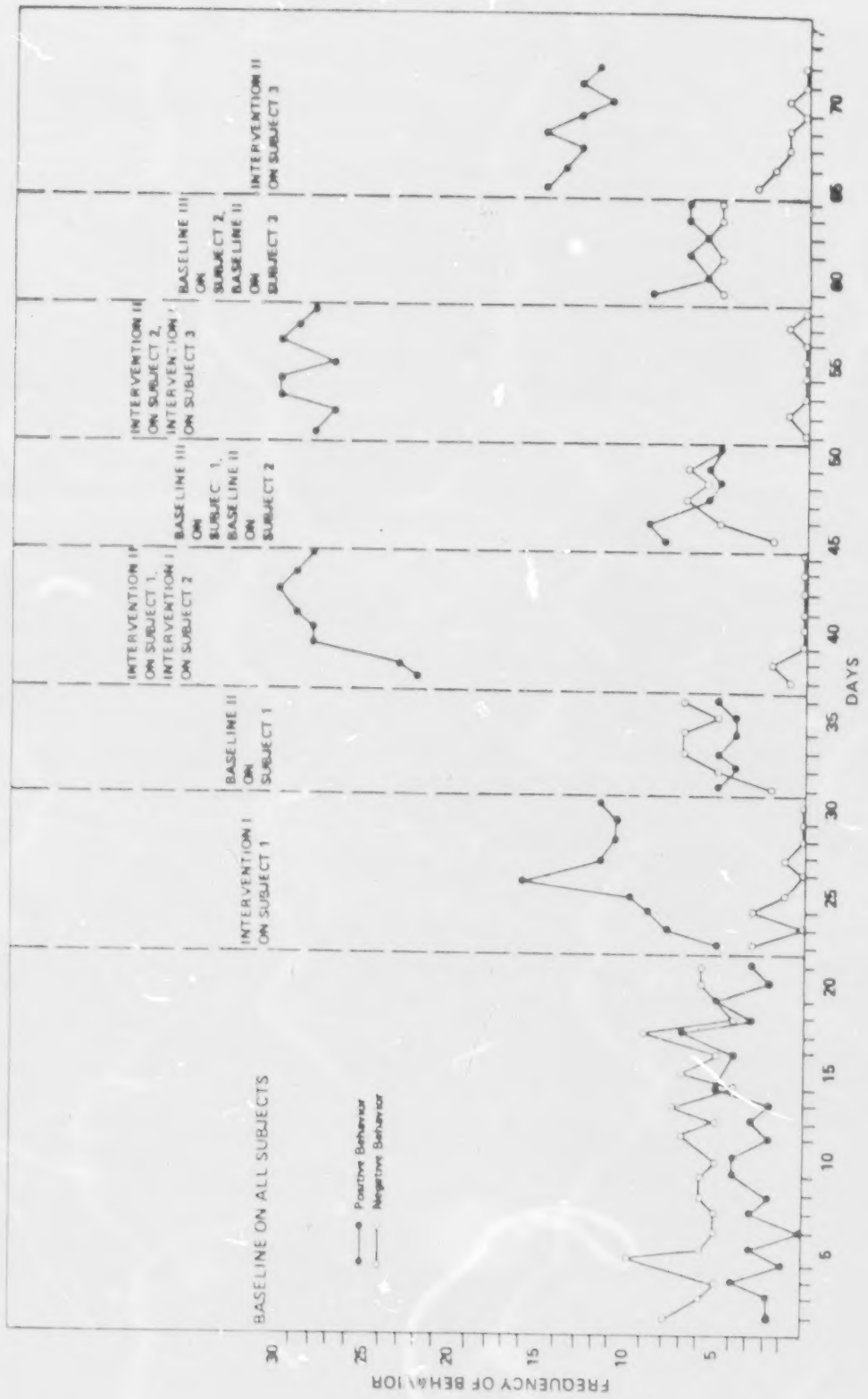



Figure 4

Frequency of positive and negative peer behavior involving target subjects across all experimental condition changes.

children seem to prefer adults for interaction. However, the teachers were able to engineer the play situation to increase child-child interactions by organizing activities which required the children to assume imaginary roles. It would appear that these children, for whom this procedure worked (a) had sufficient social behavioral repretories, (b) under the prescribed conditions interacted in a reciprocial manner and therefore, (c) needed little external reinforcement from the adult to maintain the social interactions.

The second and third studies focussed on children for whom the first procedure did not seem to work. These studies indicated that reciprocial interaction could be increased and maintaned through the use of contingent teacher attention.

A number of studies are being planned which will further investigate issues left unresolved by the above studies and related studies in the literature.

We believe that this line of research may lead to viable education programs in teaching appropriate social interaction among young severely handicapped children in the natural environment which will we hope, decrease the probability that these children will be viewed as grossly deviant and facilitate these youngsters acceptance in the mainstream of society.

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# Community Based Treatment for Emotionally Disturbed and Delinquent Youth in Texas: An Alternative to Institutionalization

by

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In 1973, 17,012 children were arrested for delinquency and referred to the Harris County (Houston) Juvenile Probation Department. During this same period, 193 Harris County children were committed to Texas Youth Council institutions. In Houston, as throughout the State of Texas, there are insufficient numbers and types of community-based alternatives for youth. As a result, an overwhelming number of adjudicated delinquents are incarcerated, not because they are dangerous to the community, but because no well conceived community based non-institutional program exists.

An increasing need for community based programs occurred in August, 1974, when a court order forced closing of state institutions serving delinquent youth in Texas. The placement of hundreds of youth now in state institutions becomes an enormous task for the Texas Youth Council.

## Historical Perspective

A group of professional and lay persons interested in the fields of juvenile delinquency, education, psychology and psychiatry were experiencing mounting concern over the lack of residential care for disturbed children in the Houston area. As a result of their concern, Hope Center for Youth was chartered in May, 1972. The organization was incorporated as a non-profit, tax-exempt corporation with the expressed purpose of designing and implementing a residential treatment program for disturbed youths whose families were unable to pay for total services. The program is designed for youth, ages 8 to 17, who are experiencing emotional problems manifested by aggressive, acting-out behavior or chronic withdrawal behavior, learning difficulties, as well as those with problems of juvenile delinquency complicated by emotionality. The concept of a continuum of residential and in-home services was established for working with these youths and their families on an intensive, therapeutic basis. In early 1973, the Lanier Foundation, committed to children's services in Harris County, joined forces with Hope Center for Youth.

## Funding

The Texas Legislature earmarked funds from tax dollars for Hope Center for Youth as a pilot program for the state. These funds, for operative expenditures, were allocated to four state agencies that refer youth to Hope Center for Youth. The agencies involved are the Texas Department of Mental Health and Mental Retardation, the Texas Department of Public Welfare, the Texas Youth Council and the Texas Rehabilitation Commission. Matching local monies have been provided by Harris County Commissioner's Court.

## General Goals

Hope Center for Youth's major goal is constantly striving for quality treatment which enables the child to return to home or live independently in the community. When a child enters any of Hope Center's programs an unspoken commitment is made to

the child. If the child's behavior merits change in program, a staffing of various program managers is called to evaluate initial goals and plan a new strategy in assisting the child in a more appropriate Hope Center program.

Although a variety of behavioral and affective techniques are used in helping the child change behavior, Reality Therapy (Glasser, 1965) serves as a "thread" common to all programs. The child is held responsible for his behavior and must continuously plan alternatives and strategies for achieving goals he has set.

Serving as a catalytic agency is another area in which Hope Center strives. This includes:

1. Acting as a community resource for program information.
2. Assisting various community agencies in starting programs.
3. Developing programs which can be "spun off" to existing community agencies.
4. Involving various community child treatment workers directly in the program so techniques can be learned and brought back to existing community agencies.

Target Population

Hope Center serves emotionally disturbed and delinquent youth between the ages of 8 to 17 and can be defined in terms of one or more of the following definitional categories:

1. Emotionally disturbed. Youth who exhibit excessive and chronic behaviors that are asynchronous to the expectations of the dominate society whether in school or within other phases of the child's life (Mintz, 1974).

2. Pre-delinquent. Youth whose behavior is such that a court appearance would result in (a) adjudication of delinquency under Texas law, (b) placement in the State Training School or institutional facility as consequence of the adjudication.

3. Type I delinquent. Youth who have been adjudicated delinquent under Texas law and by virtue of such are highly probable candidates for incarceration in the State Training School.

4. Type II delinquent. Youth who have been adjudicated delinquent and incarcerated in a State Training School and who may be in need of transitional services prior to total re-entry into the community.

Alternative Programs

Hope Center for Youth provides five interrelated programs including Wilderness Camp, Town House, Satellite Family, Town-House-On-Wheels, and Adventure Trails.

The Wilderness Camp, designed for the dangerous delinquent between the ages of 10 to 17, is based on the assumption that treatment may be more effective when the child is placed in a naturalistic therapeutic setting rather than the artificial and constraining setup of a total institution.

The concept of wilderness camping was developed under the auspices of the Salesmanship Club Boys Camp of Dallas. A study of the Dallas program was published in the Journal of Diseases of the Nervous System (1971). They listed seven attributes of the Wilderness Camp. All of these, Hope Center will utilize in Wilderness Camp and other alternative programs. They are:

1. Activation of the reality principle and subordination of the pleasure principle through the necessity of living together in a natural setting where survival is contingent upon the recognition of reality.
2. Continuous group therapy through a process of self and peer examination and understanding of feelings.
3. Appropriate expression of aggression and development of the ability to verbalize feelings rather than acting on them. A corollary to this is the understanding of the difference between feelings and actions, i.e., learning to accept feelings and control actions.

4. The transformation of basic mistrust into basic trust.
5. The enhancement of the processes of internalization and identification with adult males secure in their own masculine identities.
6. Understanding, acceptance, and tolerance of their families without the need to punish or retaliate.
7. The development of feelings of pride, self esteem, self worth and self discipline.

Group problem solving is utilized along with individual counseling in attaining behavioral change. Services are offered to parents to insure a smooth transition from camp to community.

The Town House Program provides residential living and counseling for young people, ages 14 to 17, who cannot live at home but who can benefit from group living while attending school and/or employed. In some cases the Town House will serve as the final step in the reintegration of youths from the Wilderness Camp into the community.

The maintenance of the Town House, planning meals, cooking, cleaning, will be the responsibility of the residents. When possible, as problems occur, they will be worked out by the group at the time they occur (Glasser, 1965; Vorrath, 1974). Also, group sessions are held in the evenings on a regular basis to evaluate the achievements of the day. Counseling services for parents are also provided on an individual and group basis.

Plans are now underway for Community Supervised Apartment Living which would serve as a final step into the community for 17 year old youth. Residents, in this program, will receive intensive training in independent living skills during their 3 to 9 month stay. Emphasis will be on employment counseling, financial responsibility, personal budgeting, and use of community resources.

In addition, many skills will be gained by living in an apartment setting where residents are responsible for their own cooking, shopping, and maintenance of their household. Staff will live on the premises to provide supervision and assist residents in moving out into the community.

The Satellite Family Program is a time limited treatment program developed to meet the need for alternative placement of children in crisis from ages 8 to . A Satellite Family is a single adult or married couple, licensed by the Department of Public Welfare, with sufficient security flexibility and understanding to take a child into their home who has emotional problems. In addition, the Satellite Family must be willing to participate in the agency's training program; to work with the caseworker and the child's natural parents; and to accept the fact that the child will be with the family temporarily.

An Opportunity House is also functioning as an extension of Satellite Family in (a) providing an emergency holding placement for children who "blow-up" and need to be removed from the Satellite Family home; and (b) providing a group living experience for younger children who would benefit from group living.

The Town-House-on-Wheels Program helps motivate young people to achieve and to prevent further educational and emotional problems. Youth travel in a motor home with housparents (one being a certified teacher) for two months. The youth see United States' history first hand and blocks of time are devoted for educational experiences. "Real life" experiences are provided in dealing with society and opportunities for staff to deal with concrete examples of appropriate behaviors are present when there is motivation to learn and perform. Immediate feedback and reinforcement for acceptable social behavior is seen as an important aspect of these experiences. Cultural and enrichment activities are seen as an appropriate way for the young people to learn the value of effective planning in terms of time, equipment, use of facilities and finances.

The Remedial program is designed, in part, to foster self-development through the use of such devices as self-correcting workbooks, self-paced reading materials and self-time progression books. Small group and individual instruction will be carried on by the housparents. The goal is for each youth to return to some consistent form of education and to eventually receive a high school education or G.E.D. equivalent. Parents also attend educational group experiences.

89

The Adventure Trails Program offers a short term camping and counseling intervention program designed to provide an intensive therapeutic group experience for boys and girls who are beginning to display emotional problems. Ten youth and three counselors spend approximately three weeks camping in wilderness areas of the Southwestern United States. The setting of daily goals, the solving of problems, and the general group interactions and experiences would be similar to those of the Wilderness Camp. Parents of youth participating in this program attend Family Communication Workshops while their children are camping.

After-Care and the Volunteer Program. Each youth, upon completing the program, is plugged into a six month After-Care program. The Intake Worker is the key to the After-Care Program. He follows the youth through the program and now directs and supports the youth to insure success. Together with Hope Center's Volunteer Program an After-Care plan is developed. The Volunteer Program consists of chairpersons responsible for:

1. Employment
2. Educational tutoring
3. Health care
4. After-Care Telephone case aides
5. Volunteer recruitment and training.

If the youth encounters any problems in school, medically, behaviorally, and/or finding employment, the Intake Worker will connect him with appropriate volunteer personnel for support. Parent counseling is also available for families in emotional crisis.

Evaluation

The major significance of Hope Center is the monumental degree of concerned commitment to it throughout the State of Texas by both public and private agencies and individuals. To this extent, a substantial sum of money has been earmarked to provide for the design of an evaluation during the first year of Hope Center's operations. Throughout the first year of Hope Center's operations under this grant, it is inevitable that certain start-up problems will tend to delay implementation of the program.

Phase I of the evaluation is currently in process. Both positive and negative aspects of Hope Center's programs will be validated, identified and alterations, as indicated, will be made.

The evaluation will be divided into eight tasks:

1. Prepare Historical and Descriptive Overview.
2. Collect, Analyze and Evaluate Data on Hope Center's Organization, Administrative Structure and Operation Process and Procedures.
3. Collect, Analyze and Evaluate Cost Comparison Data.
4. Collect, Analyze and Evaluate Data on Staff Characteristics, Qualifications and Development.
5. Conduct Client Analysis.
6. Conduct, Analyze and Evaluate User Surveys.
7. Evaluate Pre-Post Behavioral Changes in Youth Served.
8. Preparation of Project Outputs.

Conclusion

In September, 1974, the Texas Youth Council considered for recommendation to the Governor, the Youth Services Master Plan. The Master Plan was based upon an extensive need's Assessment conducted by a private consulting firm. Compounding the situation was a Federal Court order handed down in August, 1974, requiring extensive modification of Texas Youth Council's institutional facilities throughout the State.

The education and treatment of emotionally disturbed and delinquent youth have always been on a changing pendulum swing. Structure vs. non-structure, institution vs. community, busing vs. non-busing, vocational education vs. traditional education, lock-up vs. open setting, have always been topics influenced by the times. The Texas program under consideration would include both community and institution based programs.

Hope Center will never attempt to be all things to all youth. Our exposure to large numbers of disturbed and delinquent youth indicate that some youth do need a secured institutional facility. However, a larger majority of youth who would normally have been institutionalized would prosper more in a community based program which provides (a) parental counseling, (b) structure, (c) reality, (d) educational, vocational and/or employment planning, (e) preparation to return home, and/or (f) preparation for independent living.

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# Alternate Care in Indiana

by

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The delivery of services system in the State of Indiana is split across two major divisions, one for mental retardation and the other for mental illness. The Indiana University Developmental Training Center (DTC) has received funding to institute a major deinstitutionalization or alternative care project within each of these major systems. With the permission of the granting agencies, these two major grants have been woven into one generic project within which two distinct models are being considered. One of these models, based on the Case Conference methodology, is a decision-making model designed to conduct intensive study toward programming efforts for the client in question. The second model was developed to systematically reintroduce a client who has been residing in an institution into increasingly numerous and complex settings. Through the use of an ecological framework, the range of settings in which the previously institutionalized individual can function is widened and made responsive to that individual. Each of these grants is funded for a three year period of time, one by the Social and Rehabilitative Services Division of Health, Education and Welfare, and the other by the Bureau for the Education of the Handicapped. Figure 1 provides a list of some major objectives to be attained with each year of the three year time line. In practice, as was stated, the grants are designed to take advantage of the data generated by each. In a form of narrative description, as is necessary within this format, we will consider the multiple setting model first and then superimpose the decision making model on top of it.

Figure 1

General Program Calendar Objectives

| Year 1 | Year 2 | Year 3 |
|---|---|---|
| Model Development by variance source, external verification composite model development, test, and evaluation. Materials development. | Transfer of model to state institutions:<br>A. Training personnel<br>1. information<br>2. *in situ* participation<br>3. feedback to trainees<br>B. Consultant Role | Follow-up. Revise as required. Dissemination of tested model. |

These grants, as all projects at the DTC, contain aspects of research, training and direct service. The service aspects through which these grants operate involve the movement of a selected small number (about 50) of severely and profoundly handicapped individuals from a state hospital into a series of communities across the

southern third of the State of Indiana. Insofar as research is concerned, the task involves the documentation for later evaluation of the dual processes, both decision-making and multiple setting models, and the description of the settings through which the individuals move. Thus, the second major aspect after the delivery of services is that of research by documentation; the entire demonstration project being subject to very thorough documentation procedures. The final, and perhaps the most important aspect of the alternative care project at the DTC is the aspect of replication. This is accomplished through the vehicle of student and staff training, and the evaluation of specific aspects of this endeavor. For each of the models, documentation provides the subject matter for the later training or retraining of a large percentage of the professional and service personnel of the State Department of Mental Health for all the major state facilities. The ultimate test of both the decision-making and the multiple setting models will be their efficacy when used by this staff.

In order to assure positive results, and Advisory Board representing the consumers to be trained and parents or parent surrogates of the handicapped population with which we are working has been established. As in any Alternative Care situation, the second major group to be trained consists of those professionals in the community who will be delivering the services which had been previously delivered through the State Department of Mental Health itself in its institutional facilities. These people largely comprise two populations. One is the special education personnel throughout the state who, via recent Indiana State regulations, must accept responsibility for the educational treatment of the individual during the day within the broad definitions of education. This, of course, involves the current major generic treatment available to the majority of clients. The second group of people will be those who manage day care homes and sheltered workshops. While the former has generally received much training, the latter has not, and these populations will be the subject of a special training program. Collectively, the people representing the day care homes and sheltered workshops, the public school, and the present personnel from the State Department of Mental Health are responsible for the delivery of services to the handicapped, and each constitutes various aspects of our Advisory/Evaluation Board. Thus the Alternative Care Projects have aspects of research, training, and service and a system of accountability by which we are immediately responsible to a consumer board of trainees and their representatives.

The multiple setting model is a product of a growing body of literature concerned with environmental and ecological psychology. Utilizing the work of Lewin and the later work of Roger Barker at the University of Kansas, the project has conceptualized a multiple setting model. This has resulted in the core concept of measurement, replication and dissemination within the notion of the behavioral setting as it has evolved from ecological psychology. Quite simplified, ecological psychology proposes the notion that a behavioral setting is a measurable unit capable of altering behavior and being defined across a set of specific characteristics (see figure 2). Three simple characteristics or dimensions of the behavioral setting

Figure 2

Behavioral Settings

the kids personnel, or the human beings in interaction with that setting, the subject material of the setting (knife and fork, or food), and a location factor. For the purposes of this paper, location can be thought of as the geographic characteristics of the setting, the living room, the kitchen, the house. Three more abstract components contribute to the specific setting. The first of these characteristics would be cyclical time, that is the time of day, the time of year, the time of the month, including the various cycles that evolve, i.e. human body rhythms and functions. The second characteristic of the behavioral setting as we have operationally defined it includes elapsed time or amount of time given to the specific activity as opposed to particular time within which the activity takes place. A third characteristic of the behavioral setting is the psychological direction which refers to purposes, goals, objectives, or expected outcomes of a specific behavior.

The episodes in which the individual functions, and function in an adaptive manner, are studied across the various characteristics of the behavioral settings which they comprise. The assumption is made that the more adaptive the individual can be to various settings, the greater he/she can be said to be in a general state of adaptation. The specific task of adaptation then, is accomplished by the individual responding to more and more behavioral settings (see figure 3) and through feedback acquiring setting adaptive behavior. The generalization across the settings is done in the half-way house model created at the DTC wherein there is a systematic change in one of the dimensions or characteristics of the behavioral setting while the others are held constant, e.g. the authoritarian personnel are shifted to siblings, the amount of time spent in meal preparation is increased, or the amount and type of food is decreased, etc. across all the major behavioral settings in which the individual engages. It is assumed that through this process of generalization, the individual is preparing himself in a systematic manner to enter into the greater community. This model is in counter distinction to a skill building model where the focus is on the individual's acquisition of a set of skills; in the behavioral setting model we are more concerned with the person's adaptation to a growing number of behavioral settings. Thus, the behavioral setting methodology differs and is, we feel, much more responsive to the individual client as opposed to the skill building model with a priori delineation of a set of objective or characteristic skills which have been found to be present in the community and thus assumed to be those necessary for adaptation.

Within this framework, methodologically, the task has been divided into three major focus areas wherein the behavioral settings are examined. It is felt that when looking at adaptation, these three major areas are of most concern. These are a clinical area, that is, the variables which exist within the individual himself; a second area having to do with the significant other--individual interaction variance--usually within our society referring to parents or parent surrogates; and a third area having to do with the community or the professional response to the handicapped individual (see figure 4). Thus, we have in our methodology set up these three arenas for intensive study and consequently view them as the clusters around which the adaptive behavioral settings should be organized. We believe that the variances trapped by these factors accounts in most cases for the processes that utimately lead to institutionalization. To study these sources of variance involves the individual coming to the half-way house setting at the DTC for three days a week with a set of 5-6 peers who will be involved in the same deinstitutionalization, alternative care process. Generally, individuals range in age from 8 to 45 years and are usually heterogeneously grouped in a cottage setting across variables of both sex and age. During the week, the staff from the Center introduces these individuals to various aspects of community and group life using the behavioral setting generalization methodology. Behavioral examples include movement through shopping centers, purchase of desired goods, preparation of food, health care, and work experiences.

Concommitantly, a second area in which we feel a great deal of the variance can be accounted for, is the relationship which develops between the significant others

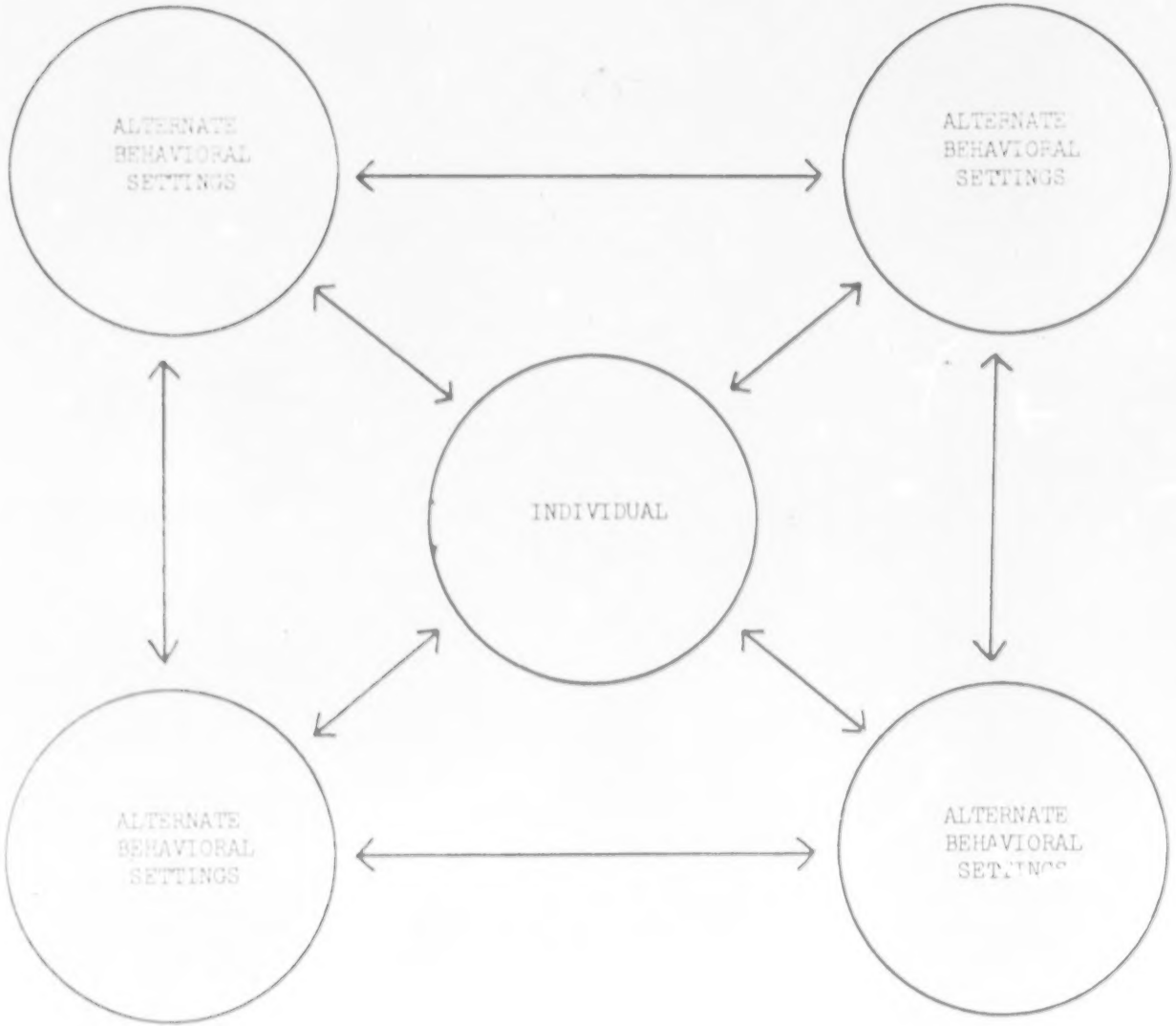

ALTERNATE BEHAVIORAL SETTINGS
ALTERNATE BEHAVIORAL SETTINGS
INDIVIDUAL
ALTERNATE BEHAVIORAL SETTINGS
ALTERNATE BEHAVIORAL SETTINGS

Figure 3

Figure 4

BEHAVIORAL CONTINGENCIES FOR THE INDIVIDUAL

GOAL: ATTRIBUTE VARIANCE TO SPECIFIABLE AREAS, ADDITIVE MODEL PERMITS TOTAL PE

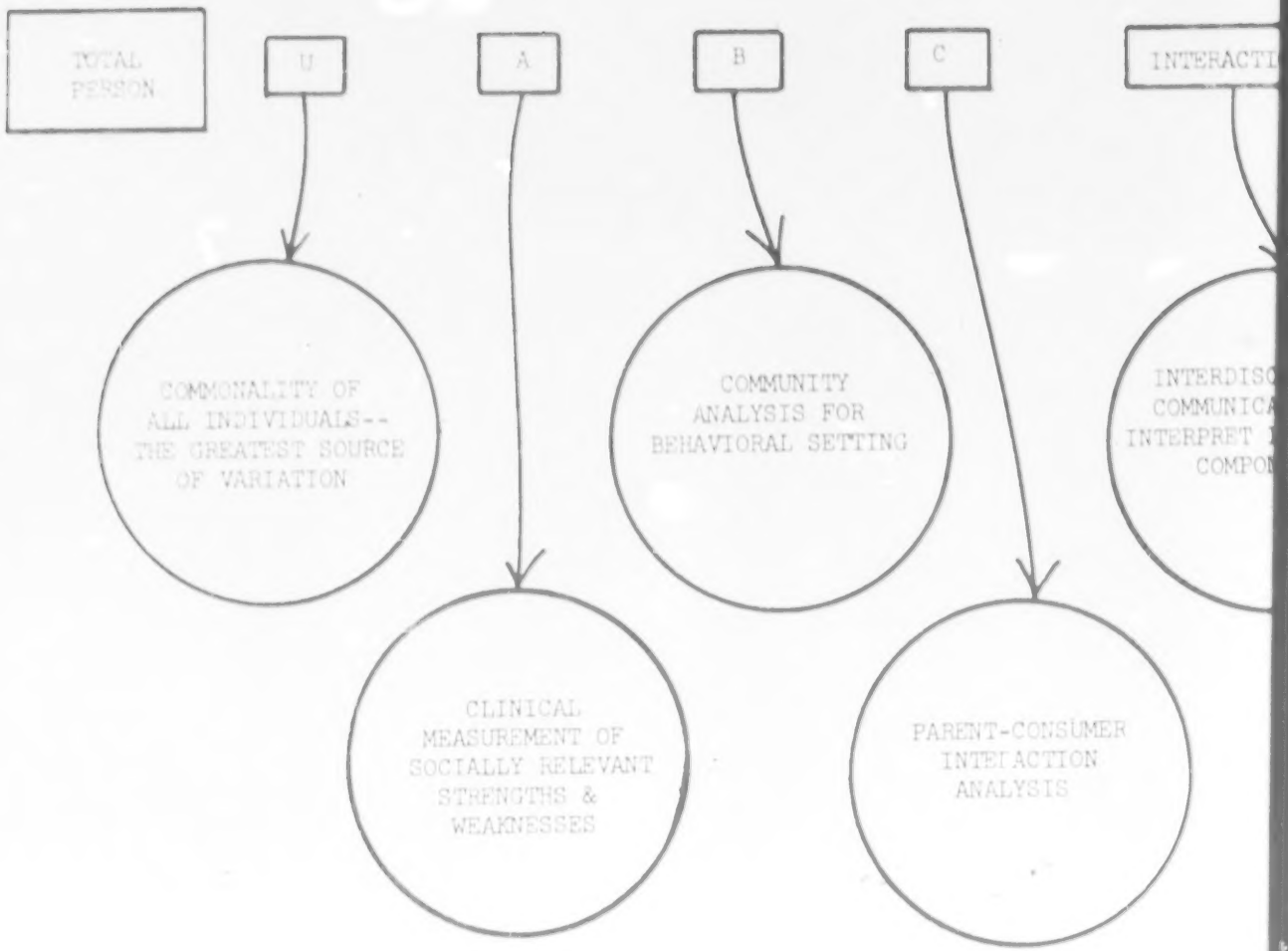
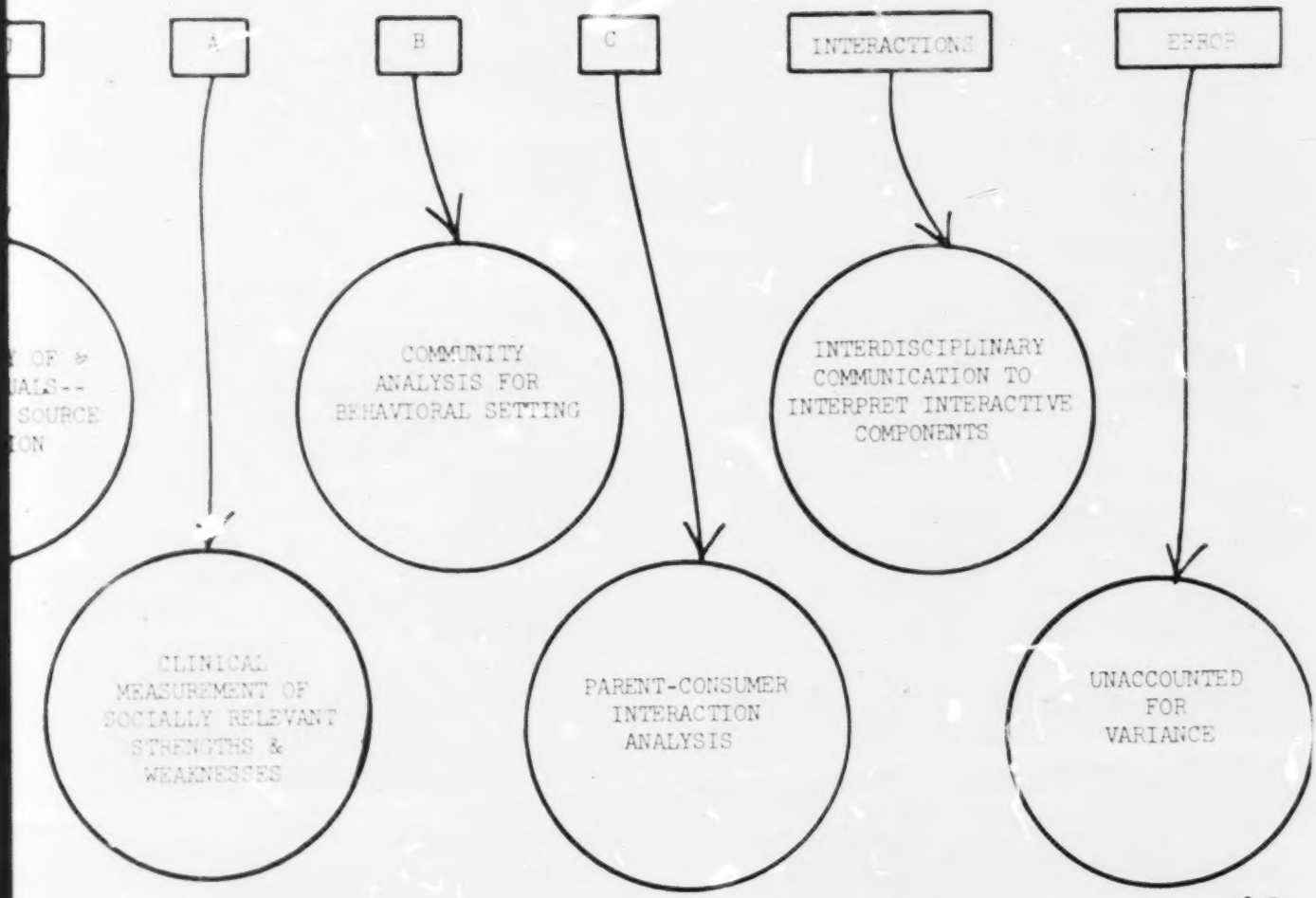


Figure 4

BEHAVIORAL CONTINGENCIES FOR THE INDIVIDUAL

IBUTE VARIANCE TO SPECIFIABLE AREAS, ADDITIVE MODEL PERMITS TOTAL PERSON CONCEPT



with whom the client interacts. As was indicated before, in the present state of our society, most of these individuals will be a parent or parent-like figure. As the weeks are carefully planned to introduce behavioral settings and explore responses for adaptive components, weekend sessions provide in-depth analysis of the disruptive elements of interpersonal contact with significant others. Thus far we have worked largely with natural parents, although we assume the model to have more generic implications. By exploring disruptive behavior in home-like settings, immediate iterations in procedure are possible which result in mutually satisfactory reciprocal relationships with the person previously defined as deviant. Generally this task involves three separate aspects, each having a weekend devoted to its successful completion. The first is the objectification and clarification of the values and goals toward and for the handicapped member of the family; the second involves the relationship between these values as stated and the behaviors engaged in; and the third aspect or cycle involves the modification of the individual's or the family's behaviors to conform with their shared value system. Thus, a reciprocal relationship is established within the family which includes the handicapped individual. The three separate contacts are carried through with the entire family constellation into which the handicapped individual will return. This may include a mother, father, sisters and brothers, and any aunts, uncles or grandparents who might be part of the family setting.

Procedurally, this means that these individuals come to the DTC for two weekends. The first weekend is directed at getting a family system accustomed to having their behavior monitored and fed back to them using electronic data systems, and working through all the concerns that they may or should have around invasion of privacy and getting their fully informed consent and expressed values down in a replicable and useful manner. This involves an especially intense weekend because this behavior must be studied across several behavioral settings including health care, food intake, recreation, and vocational concerns, as well as the religious aspects of their family lives. The second weekend involves the equation of the values as they have been stated with the behaviors as they present themselves. This involves a great deal of intense concentration by all members of the family as they address the fact that there is a discrepancy beyween their existing stated value and their behavior. Resolution involves a considerable working through and feedback as to their value-oriented behavioral orientation. Usually this second weekend takes place about six weeks after the first weekend has been processed. The third contact involves a trial or transition wherein the individual and the family lives at the DTC for a period of time and then are given feedback as they change in the direction that they have established. As the reciprocal relationship grows, a transition is made across the behavioral settings from the half-way house setting back into the original community with continuous feedback by the project staff as to the discrepancy between their stated behaviors and the desired behaviors. In this manner the stated behaviors and the demonstrable behaviors growing out from their value system change, and as the reciprocity and the relationship grows the staff from the DTC accompany the family in the transition to the community. Only then is the amount and degree of feedback reduced systematically as the individual and family begin to function together in the community.

The second necessary prerequisite is a community placement of the individual and this is negotiated in the third major area of stuuy within the project. Community study involves much more training and much more liaison between the state hospital personnel and the community personnel. At present the major placements for handicapped persons are in sheltered workshop settings. One of the goals of the project is to enlarge and normalize the number and scope of placements within which the individual handicapped person can participate in the community and then to direct the professional activities in the community away from tasks of maintenance of the individual towards one of support. In working with other aspects of local business, recreational and governmental agencies, communities begin making and supporting niches for handicapped individuals within their mainstream, not as traditionally, at some peripheral level. This task is accomplished by our staff in cooperation

with the community service personnel of the state hospital. The task is divided among five full-time equivalent personnel, plus several hourly people who help in data collection and other similar type responsibilities, and out staff supplemented by the trainees of one hospital with whom we are currently working. This arrangement is scheduled throughout the spring and fall of next year, and is planned to include the other state hospitals in the State of Indiana.

To summarize, the programmatic movement or thrust within the project is one of adaptation to multiple settings. That adaption is studied across clinical, significant others and community variables. The major assumption is that the individual is able to establish a mutually satisfactory reciprocal relationship with his family and the community as transition through the DTC into the community and the family experience progresses. The professionals in the community can continue to provide the support base necessary to maintain this transition. At this time the staff of the DTC can turn attention to the assessment or the case conference model for deinstitutionalization or alternative care.

This procedure involves the development of a decision-making model to facilitate programmatic decisions with regard to the seriously handicapped individual while maximizing the amount and type of information which can be generated and protecting the individual rights of the handicapped person concerned. After a thorough review of the litigation and the legislation surrounding the delivery of treatment services to handicapped populations, methodology both for training and for the actual delivery of services, has been evolved through the training center. This procedure has evolved over a period of two years and has been effectively utilized in training the special education personnel throughout the State of Indiana for programming. It involves a five step methodology which calls for first, the raising of the set of relevant questions and obtaining permission of the parents and the individual client to engage in a study of the problem. Second, it involves the interdisciplinary study of the questions which have been raised and for which informed consent has been attained by the DTC; having a behavioral focus, this includes a psychological inquiry, speech and hearing evaluation, social work, etc. Thirdly, after these questions have been directed from the various professional perspectives, sharing of information about this individual ensues. It is important in protecting the individual's rights for all the professionals involved to avoid drawing premature conclusions as to the nature of the problem and the therapeutic response to it. The next step involves the development of an individual treatment or an educational plan for the person. This is done after consideration of the best of all possible worlds. Because the information that has been collected assumes that the individual client has a certain need state, this dictates a certain set of experiences which are unique to this individual and, in fact, comprise his individual plan. Once this plan has been laid out, it provides the base for negotiation with a delivery of services system, including in-service training for the personnel involved, consultation as to the proper materials, schedules, time, etc. by the professional staff of the DTC. This information and the supportive services which accompany it are forwarded to the parent and the public school system and provide the basis for their negotiation for the least restrictive setting in which the program can be carried out in the community and in the home. Developmental foul-up and support services are provided by the Center to the home and the school or to any other delivery of services unit such as the welfare department or the local community health services, as is needed in this process. The fifth and final step in the delivery of service sequence involves a review. This evaluation, as it is set up, involves two basic kinds of reviews. The first is the periodic review evolving over a considerable length of time, a reconsideration of the case, and an examination of the data and documentation collected with regard to stated goals or purposes. This is usually carried out by the Center on a six-month, yearly and then a three year basis; current state law dictates that there must be an annual and a three-year case review. The second review which our model concerns itself with is a review by appeal. Should the parents and the school system be unable to agree as to the least restrictive setting in which to carry out the individual plan

out for the client under question, an appeal structure is set up within the State of Indiana to provide a set of hearing boards. In either review, the DTC and the professional staff is available to the school district, the parents and to the hearing officer, to share their opinions as to the particular capacities and ability of the individual client for adaptation.

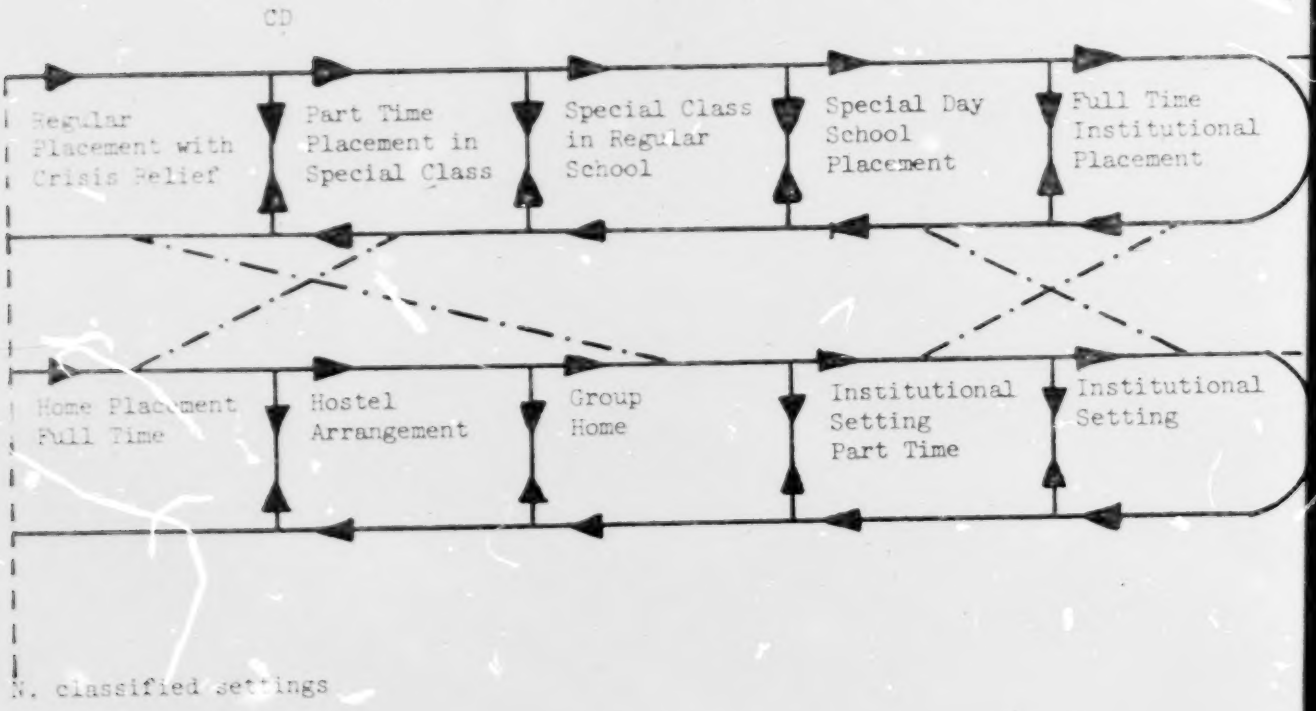
This case conference decision making model is superimposed throughout the staffings as set forth for the personnel within the project. All decisions about individuals and their movement are made based on this model. Essentially, the model tries to combine the efforts put forth in law by multiple constitutional cases and described in the educational system by Reynold's cascades model arguing for the least restrictive setting. The process of review is superimposed upon the work of Jane Mercer in her identification of the critical junctures which exist in the process of the delivery of services to the handicapped, in her case, study of the retarded population of Riverside, California. Utilizing her identification of the concept of critical junctures where decisions must be made, alternatives at these junctures were developed along the lines argued for by Reynolds. By allowing more freedom for any critical decision, each of these critical junctures helps assure an adequate and ethically-legally defensible delivery of services to the handicapped person in question (see figure 5). As a resource to this we add the competencies of the interdisciplinary staff at the DTC through which this data is collected and compiled.

In summary, then, the alternative care projects at the DTC are set up to devise new models across the dimension of demonstration--service, research and training for alternate care in the State of Indiana. The response is directed throughout the delivery of service units, including the Departments of Public Instruction and Mental Health and Public Health. The basic model is a multiple setting model and the notion is that we will try to utilize this model by generalizing the adaptation of the individual person to a more and more complex set of behavioral settings. Through this process, we utilize three major areas: one, the clinical variables, two the significant other variables, and three the community variables. Across this multiple setting model for alternate community care is the decision making model which grows out of the work of Reynolds, Deno and Mercer and which involves the superimposition of a decision making model on the multiple setting model. The advantages include consumer participation, assurance of the rights of the individual, periodic review, and careful monitoring or progress of the individual in the behavioral settings in which he operates. These constitute our goals and we are moving toward this goal having moved five people successfully through into the community, having found community placements, trained the personnel in the community to some degree and worked with parents toward the successful negotiations of a reciprocal relationship within the handicapped person's family. Our more long range goal of involving the professional staff of the State Department of Mental Health in the training is moving along very well and thus far the transfer has been accepted and welcomed. We have had and certainly appreciate the cooperation we've enjoyed from the Division of Mental Retardation, Department of Mental Health, and the Department of Mental Illness, as well as the State Departments of Public Instruction and Public Health. Should copies of updated progress reports on either or both models as they develop by desired, they are available, including the six week reports of the evaluation-advisory committee. This information is available to the public through Ms. Janet Weber, Alternative Care Project Secretary, Developmental Training Center, 2853 E. 10th Street, Bloomington, Indiana 47401.

Figure 5

REYNOLD'S LEAST RESTRICTIVE ENVIRONMENT

CONCEPTUALIZED ACROSS THE BEHAVIORAL SETTING COMPONENT

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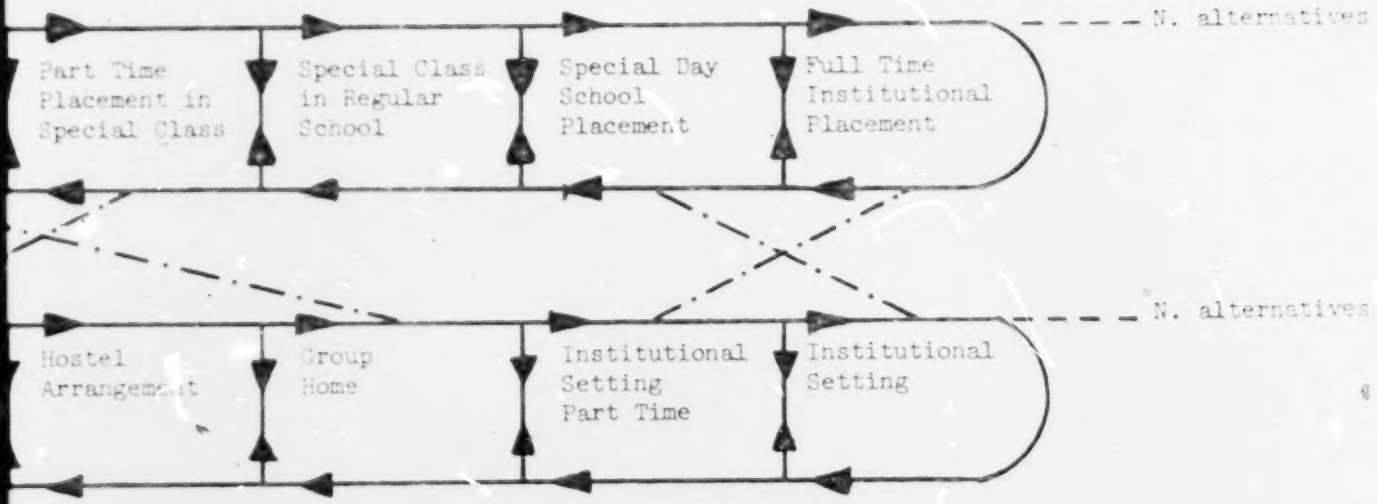
REYNOLD'S LEAST RESTRICTIVE ENVIRONMENT

CONCEPTUALIZED ACROSS THE BEHAVIORAL SETTING COMPONENT




* Setting "School"

** Setting "Home"

CD Critical Decision

— · — Some potential interactions across settings